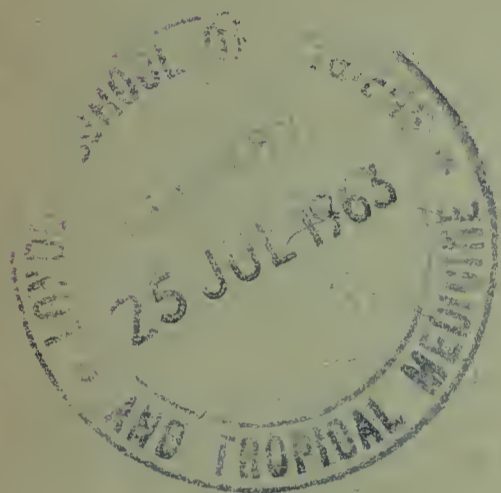


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COUNTY COUNCIL OF ESSEX
EDUCATION COMMITTEE



ANNUAL REPORT

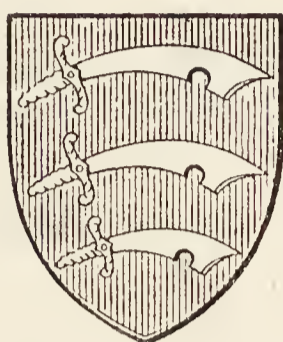
OF THE

School Medical Officer

FOR THE YEAR

1952

COUNTY COUNCIL OF ESSEX
EDUCATION COMMITTEE



ANNUAL REPORT
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School Medical Officer
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THE SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE—1952

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Day, D. W.

de Rougemont, E. R. D.

Fallaize, Mrs. L.

Faning, P. V.

Fletcher, H.

*Green, H. L.

Hammond, Mrs. J.

*Hardy, E. C.

Hollis, Mrs. E. F. M.

Hurst, R. O. C.

Irons, Mrs. L. A.

*Leatherland, C. E.

McEntee, The Lady

Morris, Mrs. A. J.

O'Donnell, The Rev. Canon P.

Olsen, Mrs. E. M. Strom

Pease, L. W. R.

Prendergast, Mrs. A. E.

Shalders, G. H.

Smith, A. J.

Tabor, J. E.

Vaizey, Brig. J. T. de H.

Walker, Miss A. I.

Warr, Mrs. A. F.

Young, Major A. M.

**Ex-officio* members.

PREFACE

COUNTY HALL,
CHELMSFORD.

April, 1953.

To the Chairman and Members of the Education Committee

Sir, Ladies and Gentlemen,

I have the honour to present the report of the School Medical Officer for the year 1952 which records details of the work undertaken and contains comments made by members of the staff on activities with which they are particularly associated.

Matters of special interest are discussed under various headings in this short preface.

ADMINISTRATION.

In my report for the year 1949 reference was made to alterations in the organisation of the Health Department, leading to the establishment of a child health service designed to supervise and co-ordinate all our activities in relation to the health of the child from infancy to adolescence. In so far as it is possible the same medical officers are responsible for the welfare services for infants and young children and for the supervision of the health of the child at school. Record keeping and general administration are also combined within the same section of the Department. In some areas the nursing services for the school child are still separated from the health visiting service but as and when new appointments are made it is hoped to integrate all nursing services for infants, pre-school and school children.

These arrangements ensure that within the administration of the Local Authority the services for the supervision of the health of all children form a unit, not as yet quite complete, but if the maximum benefit is to be obtained in matters relating to all aspects of the health of the children of the County, there should also be the closest integration of the Local Authority services with family doctors and with the hospital services. I outlined in my report of last year the arrangements which have been made to this end, and generally speaking co-operation is reasonably good, particularly so far as the family doctor is concerned. There is, however, still some lack of appreciation on the part of hospitals of the need for supplying full information to the Local Authority, particularly in relation to certain categories of children. It is hoped that conditions will improve in this respect as further evidence of the benefits of such co-operation to the well-being of the child are more fully appreciated.

It is suggested that before long a regional survey of the child health services available jointly between the Regional Hospital Board and Local Authorities within the Region could be undertaken with advantage. Such a survey would enable an assessment to be made of all resources available in health and disease ; would indicate the steps required to make the best possible use of these resources ; and assist in the formulation of joint plans for future development. If the preventive and clinical services are to develop side by side, if the professional staffs engaged in child health at home, in the school and in hospital are to be used with maximum regard for economy in man-power and if the children are to derive the maximum benefit from all phases of the National Health Service, joint assessment of resources and activities is imperative and joint planning is essential.

The various administrative authorities responsible for the health services have now begun to consolidate their working, and the pattern for the future is slowly being evolved. At this stage, therefore, every encouragement must be afforded to measures designed for closer working relationships. The service has certain inherent faults which tend to create departments working in isolation, immersed in their own special problems, but it is possible, by wise administrative action, to counteract to a large degree the tendency for responsible bodies to drift apart. The child health service provides special opportunities for a mobilisation of all resources if only the services can be examined in their widest perspective. For this purpose a common assessment of the problems is a basic requirement and it is to be hoped that this at least can be made possible before new developments become irrevocably woven into the fabric of the new service in a haphazard fashion.

HEALTH SERVICES CLINICS.

The new clinics on four housing estates are now in full operation and are providing an efficient service in well designed and up-to-date buildings. The number of children who can be dealt with in comfort is increased by the better design and layout and both the staff and patients find that the services operate with greater smoothness and efficiency. It is unfortunate, however, that owing to the continuing shortage of dental staff it has not been possible to make the fullest use of the new dental suites. Considerable thought was given to the layout and equipment of these surgeries with their ancillaries—recovery rooms, dental workshops and dark rooms—and in each clinic the facilities for dental care are excellent. There has been a slow but continuing improvement in the amount of use made of them over the past year and it is hoped that with the return of more full-time dentists to the Local Authority service and the sessional employment at the clinics of private dental practitioners this improvement will be maintained and accelerated.

The Regional Hospital Board have assumed responsibility for specialist clinics, and arrangements have been made for all the premises owned by the Local Authority to be available for use for such clinics. It is the view of the Local Authority that the first criterion in the conduct of specialist clinics for children is that the service should be brought to the people and that therefore the fullest

possible use should be made of local clinics where they are suitable, rather than that children should have to be taken perhaps a long distance to an out-patient department of a hospital. This principle is of importance also in the prevention of long waiting periods at hospitals and in avoiding the compulsory attendance of young children at large mixed out-patient departments, to the disadvantage of children and adults alike. The difficulties of the Regional Hospital Board in providing staff to travel to outlying clinics is appreciated, but these should not be allowed to outweigh the obvious advantages to the public of having all services of a preventive and specialist nature available in their local clinic with a consequent encouragement to attend regularly for supervision and treatment with the minimum psychological injury to the child. It is possible, and steps have been taken, to ensure that specialist clinics in Local Authority premises can be integrated with the specialised ancillary staffs of hospitals and with the special facilities of the hospital. These arrangements point further to the need for combined planning and allocation of the common services of the various authorities concerned.

The clinic premises of the Local Authority are, of course, used for all the varied activities of the Health Department and serve as a focal point for mothers and children to receive advice and supervision in many matters related to their health and well-being. This adds force to the need for such clinics to work in the closest association with the hospital services and with the family doctor. In many areas the family doctor takes part on a sessional basis in the work, but even where this is not the case every effort should be made to keep him informed and to associate him with the service provided by the Local Authority for his patients. If joint surveys and joint planning of child health services are to become an accomplished fact the family doctor has a large part to play in this work.

The school nurse, who is responsible for the conduct of clinics under the supervision of the medical officer and who has responsibilities in connection with medical inspection and other work in the schools, should also include in her duties that of visiting homes to follow up and supervise the children in her care. Where such nurses combine their work with health visiting this requirement is simplified but the importance of adequate home care for the school child should not be lost sight of by the whole-time school nurse, and although her field of activity is more restricted her association with family problems related to the child at school is of paramount importance.

TUBERCULOSIS.

The use of mass miniature radiography for school leavers has been extended throughout the County, and the Regional Hospital Board have co-operated fully in providing x-ray examinations for such school children. In rural areas facilities have been provided for children to travel to centres where the mass miniature x-ray unit has established a headquarters in order that every school leaver shall have an opportunity to use the service.

Although the investigation into the use of B.C.G. vaccination amongst school leavers is still proceeding in the County and in other parts of the country, it will take some years to arrive at an accurate appraisal of the results. In view of the

advantages derived by other classes of the community from B.C.G. vaccination, it seems desirable that it should be made available to school leavers pending the results of the investigation, and it is likely that the necessary materials will be released by the Government to enable this to be done.

If a measure of protection against tuberculosis can be conferred on the child leaving school it will assist in reducing the incidence of tuberculosis in a susceptible age group, and if approval to such a step is given by the Government and materials are made available, I feel sure the Local Authority will welcome it and make every endeavour to encourage parents to co-operate.

An account is given in the report of an investigation in a school where a child of thirteen years was found to be suffering from active pulmonary tuberculosis. Arrangements were made for all children attending the school to undergo a jelly patch test and all positive reactors were subjected to examination by the mobile mass miniature x-ray unit. Teachers and canteen workers were also examined and although no further cases were discovered as a result of this survey, it was of value in eliminating the possibility of a source of infection at the school.

CHILD GUIDANCE.

The child guidance clinic which was established for pre-school children at West Avenue Child Welfare Centre, Walthamstow last year has received the fullest co-operation from mothers and has already achieved good results in the treatment of early disorders amongst young children. It will be seen from Dr. Gillespie's report on page 34 that of nineteen children dealt with, fourteen have already been discharged after satisfactory results had been obtained. This important preventive aspect of child guidance work seems worthy of development since the tendency in the past has been for children to arrive at centres with more serious emotional disturbances which in many cases might not have become established had they been dealt with in their early years.

If it is accepted that prevention should be afforded a prominent place in the field of child guidance, positive steps to achieve this object are most desirable. In the early formative years of the child's life the impact of persons and surroundings in close contact with him will influence his emotional and psychological make-up at a later stage and the education of parents in the guidance to be afforded should form part of the service. Clinics for the pre-school child provide an opportunity not only for dealing with the disturbed child but of instructing parents in sound methods of upbringing, and to this extent are truly preventive. The encouragement given to parents to seek advice at such clinics on minor matters and the effect, on a wider basis, upon medical officers and nursing staffs of the school health service of emphasising the preventive side of the work is bound to be of value. As and when opportunities occur this side of the service will be developed. Unfortunately at present waiting lists for treatment at clinics are so large and psychiatrists' time so limited that wide extensions of clinics for pre-school children do not appear practicable.

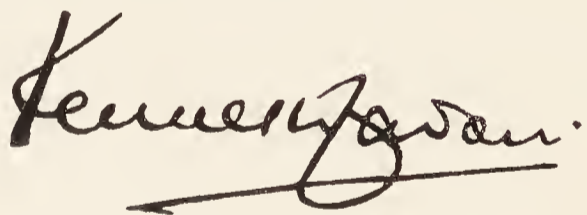
The relationship of the school psychological service to the child guidance service is mentioned on page 36 by Miss Bartlett, psychologist to the Education Committee. It is of considerable advantage to the child guidance service to have a common staff of psychologists with the school psychological service. The school background, whilst not the most important factor in many of the conditions dealt with at clinics, is of material interest in most cases, and in some is directly concerned. The close association of the educational psychologists with the school and the teachers enables reliable and comprehensive information to be made available to other members of the staff at the clinics and ensures that attention is called to children requiring assistance at an early stage. The close working relationships between medical officers in the school health service and the educational psychologists are also of mutual advantage in dealing with educationally sub-normal children.

CONCLUSION.

The continued co-operation of teachers has been of immense value in the smooth conduct of medical inspection in schools, and the interest displayed by them in the health of individual children has enabled medical officers to deal, by special examinations, with many defects which otherwise might have gone unobserved for a long period.

My thanks are also due to the staff of the school health service for their valuable service and to Dr. Miller Wood and Mr. Hurst who are responsible for the compilation of this report.

I have the honour to be
Your obedient Servant,



School Medical Officer.

STAFF

COUNTY MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER :

H. KENNETH COWAN, M.D., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL MEDICAL
OFFICER : G. G. STEWART, M.R.C.S., L.R.C.P., D.P.H.

SENIOR MEDICAL OFFICER FOR SCHOOLS : J. L. MILLER WOOD, V.R.D.,
M.R.C.S., L.R.C.P., D.P.H., M.M.S.A.

The following changes in staff have occurred during the year :—

MEDICAL OFFICERS :

EXCEPTED DISTRICTS.

Dagenham— *Georgette Crosby, M.R.C.S., L.R.C.P. Commenced
16-9-52. Resigned 12-12-52.

W. B. Knapman, M.R.C.S., L.R.C.P., L.D.S. Resigned
14-6-52.

*T. N. Nauth-Misir, M.B., B.S., M.R.C.P., M.R.C.S., D.C.H.
Commenced 15-9-52. Resigned 3-12-52.

Elizabeth G. Summerhayes, M.R.C.S., L.R.C.P., M.B., B.S.,
D.C.H., C.P.H. Commenced 25-6-52. Resigned 9-7-52.

Jeanne C. Lister, M.B., B.Sc. Commenced 18-2-52.

Ilford— J. W. McConachie, M.R.C.S., L.R.C.P., D.P.H. Commenced
1-5-52.

Leyton— Shirin Dastur, M.R.C.S., L.R.C.P. Commenced 3-3-52.

Walthamstow— Joyce Beattie, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Commenced 22-9-52. Resigned 21-12-52.

Phillipa Carter, M.B., B.S. Commenced 25-8-52.

June L. Collmann, M.B., B.S. Commenced 1-2-52.

T. T. Currie, M.B., B.S. Resigned 4-7-52.

Mary Sheppard, M.A., M.B., B.Ch., B.A.O., D.P.H.
Resigned 18-1-52.

DIVISIONS.

North-East Essex— J. D. Kershaw, M.D., B.S., D.P.H. Divisional School
Medical Officer—returned to duty after secondment for
one year with United Nations Organisation 20-5-52.
Dr. W. H. Alderton reverted to normal duties as from
the same date.

*Mary D. Rankine, M.B., Ch.B., D.P.H., R.C.P.S., M.M.S.A.
Resigned 19-5-52.

*Part-time officer.

- Mid-Essex*— Deirdre R. Dooley, L.R.C.P., D.C.H., L.R.C.S. (Ireland).
Commenced 1-10-52.
- J. Drummond, M.B., Ch.B., D.P.H. Commenced 24-11-52.
- *Angela J. Brayn, L.R.C.P., D.A., M.R.C.S. Commenced
1-9-52.
- *Lois Davis, M.B., Ch.B., D.P.H. Commenced 4-6-52.
- A. R. Whitman, B.A., M.B., Ch.B. Resigned 8-8-52.
- South-East Essex*—*Jean M. Troughton, L.R.C.P. & S. Commenced 1-11-52.
- South Essex*— M. L. Rawal, M.B., B.S., C.P.H., D.P.H. Commenced
1-9-52.
- Mary M. E. Rutter, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.,
D.P.H. Commenced 13-10-52.
- *Jean M. Troughton, L.R.C.P. & S. Commenced 1-11-52.
- Forest*— *J. L. Patton, M.B., Ch.B., D.P.H. Resigned 29-2-52.
- *J. F. Lucey, M.B., Ch.B., D.C.H., D.P.H. Commenced
22-9-52.

ASSISTANT DENTAL OFFICERS :

EXCEPTED DISTRICTS.

- Barking*— R. K. Gilchrist, B.Ch.D., L.D.S. Commenced 28-4-52.
- Dagenham*— *R. T. Broadway, B.D.S., L.D.S. Commenced 21-5-52.
Resigned 18-7-52.
- T. O. Cunningham, L.D.S., R.C.S. (Ireland). Commenced
18-8-52.
- *A. S. Roberts, L.D.S., R.C.S. Commenced 8-12-52.
- Ilford*— Mary M. O'Connell, L.D.S., R.C.S. (Ireland). Commenced
25-2-52.
- Eithne Nicgrianna, B.D.S. (Ireland). Commenced 1-10-52.
- *M. M. Ahluwalia, B.D.S. (Punjab), L.D.S., R.C.S. Com-
menced 14-10-52. Resigned 31-12-52.
- *A. Clark, L.D.S. Resigned 29-9-52.
- *E. Sycamore, L.D.S. Commenced 14-2-52. Resigned
26-9-52.
- *M. Snipper, L.D.S. Resigned 18-6-52.
- Leyton*— J. G. Douglas, L.D.S. Resigned 14-4-52.
- Pauline T. Fuller, L.D.S. Commenced 28-4-52.
- Walthamstow*— Dena Anklesaria, L.D.S. Appointed 3-4-52.
- Ailsa H. Daniels, B.D.S. (Queensland). Appointed 15-12-52.

*Part-time officer.

DIVISIONS.

North-East Essex— R. A. Tran, L.D.S., R.C.S. Commenced 1-1-52.

*A. W. J. Larkin, Dentist. Commenced 31-3-52.

*R. Clarkson, L.D.S. Commenced 10-6-52. Resigned 15-7-52.

*E. T. Clark, B.A., B.Dent. Sc. (Dublin). Commenced 11-6-52.

South-East Essex— R. D. Rowe, L.D.S. Commenced 7-4-52. Resigned 31-5-52.

H. J. Cracknell, L.D.S. Commenced 3-6-52.

*N. W. Bray, L.D.S. Commenced 5-6-52.

*A. A. Grant, B.D.S., L.D.S. Commenced 12-6-52.

R. Maxwell, L.D.S. Commenced 24-11-52.

*Norah I. H. Shannon, L.D.S. Resigned 23-12-52.

Forest—

*T. J. Benson, B.D.S. Commenced 6-10-52.

*H. C. Martin, B.D.S., L.D.S. Commenced 20-10-52.

*G. P. Morris, B.D.S. Commenced 10-9-52. Resigned 17-12-52.

*D. O'Connell, B.D.S. (Dublin). Commenced 23-10-52.

*C. A. O'Sullivan, B.D.S. Resigned 3-9-52.

*C. A. Scott-Samuel, L.D.S. Commenced 17-11-52.

SCHOOL NURSING STAFF AND DENTAL ATTENDANTS :

					Aggregate of time given to School Health Service work in terms of whole- time officers
Health Visitor/School Nurses	..	155	}		92.86
School Nurses only .. ..	..	47			
Nursing Assistants .. ..	..	26	..		9.52
Dental Attendants .. ..	..	44	..		37.07

*Part-time officer.

COUNTY COUNCIL OF ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1952

The work of the School Health Service continued during 1952 on similar lines to those outlined in previous reports, the day to day administration being carried out by the Divisional School Medical Officers in the eleven Education Divisions which, in order to ensure a close integration of the School Health and National Health Services, are coterminous with the eleven Health Areas.

The following table gives particulars relating to the number of schools, etc., in the area covered by the Local Education Authority at the end of the year 1952 :—

Primary Schools		Secondary Schools		Technical Colleges		Nursery Schools		Special Residential Schools
637	..	171	..	4	..	3	..	2

1. School Population.

Information relating to school populations at Primary and Secondary Schools at the end of the year compared with 1951 is given below :—

	<i>No. of Pupils on roll</i>		<i>Possible Attendances</i>		<i>Actual Attendances</i>	
	1951	1952	1951	1952	1951	1952
Primary Schools ..	141,893	156,038	3,934,480	4,567,092	3,408,765	3,710,589
Secondary Schools ..	76,621	75,439	2,122,414	2,204,236	1,899,352	1,901,195
Total ..	218,514	231,477	6,056,894	6,771,328	5,308,117	5,611,784

2. Medical Inspections.

Section 48 of the Education Act, 1944, requires the Local Education Authority to provide for the medical inspection of all pupils in attendance at maintained schools and the arrangements for such inspections were continued under the three age groups prescribed by the Ministry of Education.

Table I at the end of this report gives information in regard to the number of children inspected. The percentage distribution of medical inspections in the various age groups compared with the year 1951 is as follows :—

				1951		1952
Entrants	..	..	..	40.55	..	44.27
Second Age Group	..	..	..	29.44	..	31.45
Third Age Group	..	..	..	30.01	..	24.28

As in previous years Head Teachers have been most co-operative in making the necessary arrangements for medical inspections. Experience has shown that the Head Teacher by reason of his close contact with children and the home surroundings can frequently give invaluable help, particularly in obtaining the parents' co-operation and consent to any treatment recommended.

3. Findings at Medical Inspections.

The following table shows for 1951 and 1952 the number of defects of various kinds per 1,000 inspections found at periodic inspections to require treatment or to be kept under observation :—

<i>Defect or Disease</i>	<i>Requiring Treatment</i>		<i>Requiring Observation</i>		<i>All Defects found</i>	
	<i>1951</i>	<i>1952</i>	<i>1951</i>	<i>1952</i>	<i>1951</i>	<i>1952</i>
Skin	13.7	13.5	7.2	9.1 H	20.9	24.6 H
Eyes—						
(a) Vision	38.9	35.1 L	18.0	19.8	56.9	54.9
(b) Squint	5.9	6.9	3.8	4.9 H	9.7	11.8 H
(c) Other	4.3	4.7	3.5	4.3	7.8	9.0
Ears—						
(a) Hearing	2.3	2.9	5.2	5.5	7.5	8.4
(b) Otitis Media	2.4	2.5	5.2	5.7	7.6	8.2
(c) Other	4.0	3.0 L	3.5	3.1	7.5	6.1 L
Nose and Throat ..	27.6	28.4	53.4	53.5	81.0	81.9
Speech	3.4	4.0	4.7	5.4	8.1	9.4 H
Cervical Glands ..	1.6	2.7 H	18.6	21.1 H	20.2	23.8 H
Heart and Circulation ..	2.7	2.5	7.1	11.1 H	9.8	13.6 H
Lungs	6.2	6.6	16.9	17.5	23.1	24.1
Development—						
(a) Hernia	1.4	1.8	2.3	3.3 H	3.7	5.1 H
(b) Other	2.3	4.0 H	7.6	8.7	9.9	12.7 H
Orthopædic—						
(a) Posture	11.2	12.1	8.0	8.4	19.2	20.5
(b) Flat Feet	22.9	21.0	11.4	11.9	34.3	32.9
(c) Other	19.7	17.7 L	17.9	20.4 H	37.6	38.1
Nervous System—						
(a) Epilepsy	0.4	0.3	0.8	0.7	1.2	1.0
(b) Other	1.9	1.2 L	3.2	3.1	5.1	4.3
Psychological—						
(a) Development	0.9	1.7 H	2.6	3.7 H	3.5	5.4 H
(b) Stability	2.1	2.7	6.1	7.2 H	8.2	9.9 H
Other	30.4	19.5 L	13.4	12.9	43.8	32.4 L

H indicates that the incidence was significantly higher in 1952 than in 1951 and
L that it was significantly lower

Particulars relating to the number of defects found are given in Table II on page 71.

4. Uncleanliness.

Examinations for cleanliness of pupils at all schools have been carried out during the year by School Nurses and other authorised persons.

The total number of examinations carried out, the number of individual children found to be infested and the percentage of such children in respect of whom cleansing notices and orders were issued, is given below, together with comparative figures for the year 1951 :—

	1951	1952
Total number of examinations carried out	531,065	540,639
Number of children found to be infested	4,902	3,622
Percentage for whom cleansing notices issued	13.3	4.1
Percentage for whom cleansing orders issued	0.7	0.9

For purposes of comparison, the infestation rates relating to the individual Divisions follow. These show the number of pupils infested as a percentage of the school population in each Division :—

North-East Essex	..	2.5	Barking	..	1.1
Mid-Essex	..	0.8	Dagenham	..	1.2
South-East Essex	..	2.2	Ilford	..	1.2
South Essex	..	1.3	Leyton	..	2.4
Forest	..	2.1	Walthamstow	..	2.5
Romford	..	0.6			
			County	..	1.6

5. Treatment.

The obligation of the Local Education Authority to provide free medical treatment is discharged by taking advantage of the facilities provided under the National Health Service Act, 1946. Pupils are either referred to their own doctor, to a specialist or admitted to hospital for treatment or if the condition is a minor one it is dealt with at a Minor Ailment Clinic. A list of the Minor Ailment Clinics in the County is given on page 66.

The scheme referred to in the reports for the years 1950 and 1951 in regard to the hospital follow-up card has been continued and is a most useful asset not only in ensuring that the patient is followed up by the School Nurse but also in creating a useful link between the family doctor and the School Health Service. Its value, of course, depends upon full co-operation being afforded by hospital authorities.

At the beginning of the year 1952 the Committee had under consideration the question of sending delicate children abroad for treatment and approval was given in principle to the provision of convalescent treatment in Switzerland. Details of each case are submitted to the Ministry of Education, supported by the recommendation of a specialist, together with an opinion from the School Medical Officer as to the chances of permanent improvement. During the year assistance of this kind was given to a child suffering from asthma who was admitted to the British Children's Home at Davos and also to a similar case where the arrangements were made through the Swiss Economic Council.

Special arrangements were made during the year for diabetic children to be sent to holiday camps established at Walton-on-the-Naze, at Pateley Bridge in Yorkshire, and at Deal. These children seldom if ever have the opportunity of going away for a holiday either because the parents are apprehensive or there is difficulty in obtaining suitable accommodation. Each camp was of a fortnight's duration; enquiries were made as to the number of diabetic children in Essex whose parents were willing for them to participate in these arrangements and as a result 19 children received a beneficial holiday. The holiday in camp not only increases the self confidence of the children but deepens their awareness of the meaning of 'the diabetic way of life'.

(i) MINOR AILMENTS. Since the introduction of the National Health Service in 1948 there has been a steady decline in the number of attendances at Minor Ailment Clinics as will be seen from the following figures :—

	1948	1949	1950	1951	1952
Number of attendances at Minor Ailment Clinics	120,722	116,752	109,101	107,052	97,409

Where, as a result of school medical inspections, children are found to be suffering from impetigo, scabies and other skin conditions of a simple nature, the necessary treatment is undertaken at the Minor Ailment Clinic. Children are also referred to hospitals in cases where the condition is persistent or where it is considered that the advice of a skin specialist is required. The number of defects treated or under treatment is shown in the following table which also gives comparative figures for the year 1951 :—

Division	Ringworm Scalp		Ringworm Body		Scabies		Impetigo		Other skin Diseases	
	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
North-East Essex ..	—	—	3	2	5	—	36	47	103	151
Mid-Essex	4	3	3	—	2	4	10	11	72	47
South-East Essex ..	—	2	2	—	7	1	22	39	149	219
South Essex	2	1	7	5	11	9	67	36	1,780	1,404
Forest	1	—	1	2	—	—	14	12	120	164
Romford	1	—	—	1	3	3	35	25	720	414
Barking	1	3	12	4	10	5	73	55	1,311	1,243
Dagenham	11	—	56	9	13	2	61	50	812	853
Ilford	2	1	6	—	1	—	15	15	453	439
Leyton	6	3	4	1	—	11	16	23	282	158
Walthamstow ..	—	—	13	2	7	2	16	22	183	162
	28	13	107	26	59	37	365	335	5,985	5,254

(ii) VISUAL DEFECTS. In most cases children with defective vision are brought to the notice of the Authority as a result of a school medical inspection, but teachers and health visitors, by reason of their close and constant contact with the children, are often able to refer cases to the school clinic in which they have a suspicion that a child is to a certain extent handicapped on account of a visual defect. If the defect is confirmed all such cases, together with others ascertained at school medical inspections, are seen by an ophthalmic specialist at the eye clinic and glasses or special treatment are prescribed if necessary.

Particulars relating to individual Divisions giving information in regard to the number of defects dealt with are set out below :—

Division	Errors of Refraction (Including Squint)			External and other eye diseases
North East Essex	633	78
Mid-Essex	1,663	81
South-East Essex	315	111
South Essex	1,714	266
Forest	889	40
Romford	609	158
Barking	354	505
Dagenham	257	512
Ilford	1,689	203
Leyton	316	313
Walthamstow	2,049	308

The following figures relate to the supply of spectacles during the years 1951 and 1952 :—

	1951	1952
Number of children for whom spectacles prescribed	9,053	9,770
Number of children who obtained spectacles	7,692	9,268

Mrs. T. J. Regal, M.D. (Berlin), D.O.M.S. (Lond.), Ophthalmic Surgeon at Valentines Ophthalmic Clinic, Ilford, makes the following report :—

“ The figures for sessions and attendances during the year 1952 show an increase against the previous year as can be seen from the following :—

	1951	1952
Sessions	99	103
New Cases	219	281
Old Cases	501	643
Total Cases	720	924
Attendances—		
New Cases	535	557
Old Cases	1,190	1,396
Total Cases	1,725	1,953

Spectacles .. 675 pairs of glasses were provided in 1952 as against 480 pairs in 1951.

Increase in new cases	62
Increase in old cases	142
Increase in attendances—	
Of new cases	22
Of old cases	206
Increase in provision of spectacles.. .. .	195

The majority of children had defective sight due to refractive errors and of these a fair proportion had also a squint. All these cases are seen at regular intervals and are kept under observation all during their school life.

In addition to these the following conditions came under observation and received treatment at the Clinic or were referred to hospitals :—

Congenital abnormalities of the eyes and adnexae ; acute inflammatory, infective, allergic and traumatic affections of the eyes.

Blind or partially blind children are seen at regular intervals and advised as regards special schooling and contact is maintained with the school authorities about their progress.

Orthoptic treatment, so far our greatest headache, will in future be carried out at the Orthoptic Clinic at Mayesbrook. A trained Orthoptist is about to be appointed and the Clinic will probably be opened about Easter, 1953 ”.

Mr. E. M. L. Evans, M.B., B.Ch., D.O., the Ophthalmic Surgeon at Mayesbrook Clinic, Ilford, makes the following report :—

“ Most of the children attending the Clinic had refractive errors. About 30 per cent. suffered from squint and other errors of muscle balance. The position with regard to orthoptic treatment has remained unsatisfactory, but I understand that it is hoped to open an Orthoptic Clinic in Mayesbrook in the near future, and this will be a great help.

A small number of children with congenital abnormalities of the eyes and adnexae, and others with infective, allergic and traumatic affections were seen and received treatment.

The figures for 1952 were as follows :—

Clinic Sessions	99
New Cases	202
Old Cases	603
Total	805
Attendances—	
New Cases	411
Old Cases	1,288
Total	1,699
Spectacles—	
Prescribed	480
Supplied	485 ”

(iii) ORTHOPTICS (EXERCISES FOR SQUINT). As was anticipated in last year's report all Orthoptists in the employ of the Committee were transferred to the North East Metropolitan Regional Hospital Board in the course of the year 1952 on the same conditions as those applicable to Orthopædic Clinics which are referred to on page 21 of this report.

The Divisional School Medical Officer for Leyton has submitted the following report :—

“ The special Orthoptic Clinic for Children suffering from squint is held at Leyton Green Clinic on five sessions per week—Tuesday (morning), Wednesday and Friday (all day). As the Consultant Ophthalmic Surgeon (Dr. A. Logan Adam) holds special ophthalmic clinic sessions in the same building at the same time on two mornings (Wednesday and Friday) there is close co-operation between the Eye Specialist and the Orthoptist (Mrs. K. S. Box, S.R.N., S.C.M., D.B.O.)

Cases of squint requiring operation are referred to Mr. M. Klein, Ophthalmic Surgeon at Whipps Cross Hospital, and by virtue of the fact that the Orthoptist (Mrs. Box) also acts as Orthoptist at Whipps Cross Hospital, there is close liaison between the two departments, and arrangements can be made with the minimum of delay for the treatment of cases requiring surgical operations ”.

Statistics relating to Orthoptic Clinics are given below :—

Clinic held at	No. of cases investigated		No. of cases treated		No. of attendances	
Barking ..	84	..	149	..	1,996	
Buckhurst Hill ..	141	..	57	..	1,195	
Chingford ..	142	..	49	..	1,030	
Epping ..	82	..	10	..	272	
Grays ..	256	..	256	..	2,266	
Hornchurch						
Leyton ..	1,035	..	302	..	1,838	
South East Essex ..	112	..	94	..	1,139	
(Southend)						
Walthamstow ..	135	..	206	..	2,005	

(iv) EAR, NOSE AND THROAT CONDITIONS. The following table gives information in regard to the number of children who received operative treatment for the removal of unhealthy tonsils and adenoids during the year as compared with the previous year :—

Division				No. of children receiving operative treatment for adenoids and chronic tonsillitis		
				1951	1952	
North-East Essex ..	..	..	..	486	..	482
Mid-Essex ..	..	..	..	166	..	66
South-East Essex ..	..	..	..	137	..	65
South Essex ..	..	..	..	377	..	93
Forest ..	..	..	..	311	..	109
Romford ..	..	..	..	253	..	104
Barking ..	..	..	..	204	..	158
Dagenham ..	..	..	..	82	..	101
Ilford ..	..	..	..	332	..	473
Leyton ..	..	..	..	90	..	59
Walthamstow ..	..	..	..	93	..	84
				2,531	..	1,794

The Consulting Oto-Rhino-Laryngologist (Mr. Morton Marks, F.R.C.S.), who attends the Aural Clinic at Ilford, submits the following report :—

“ During 1952 the main problem has been the reduction of the enormous waiting list of tonsil and adenoid operations for this area. Some children are still awaiting operation who were placed on the list in 1946. It was felt that many of these no longer required operation and with this in view I undertook to see all these cases and review the whole waiting list. It was found that approximately 50 per cent. of the cases had either been operated on elsewhere or were no longer in need of operation and this in itself has considerably reduced the numbers.

Furthermore, I have been farming out many of these operation cases to other of my hospitals, particularly East Ham Memorial and St. Mary's, Plaistow. Thirdly, we are now in the process of commencing a double operating session on Wednesday afternoons and evenings at Ilford Isolation Hospital, wherein we hope to deal with 12 children a week. At the moment, however, owing to the need of utilising these beds for infectious cases, we have had to delay the commencement of this service.

By these measures it should be possible in the coming year eventually to reduce our numbers to manageable proportions ”.

(v) DENTAL DEFECTS. The Chief Dental Officer's report relating to the dental scheme in the Administrative County appears on page 64.

On 30th June, 1952, a joint circular was issued by the Ministries of Health and Education, the main purpose of which was to intensify the efforts made to build up the staff of dental surgeons, not only by the appointment of whole-time dental officers but also by obtaining assistance from dental surgeons on a sessional basis by co-operation with the Local Dental Committee through the Executive Council. Appropriate arrangements were made but the response from dental surgeons willing to undertake sessional work in school clinics was very small. The majority were unwilling to work in school clinics mainly on account of the remuneration payable and towards the end of the year increased rates of pay were agreed for part-time dental officers to take effect from 1st January, 1953. It is hoped that these increased fees will encourage more dental surgeons to undertake work in school clinics and every effort is being made to build up the dental staff to full establishment.

The following report has been received from the Divisional School Medical Officer for Mid-Essex in regard to the use of the Dental Caravan :—

“ The Dental Caravan has been in operation in the Mid-Essex Division during the whole of 1952 for the purpose of providing dental treatment for school children in the Rural areas. The children from the following schools have been treated in the Caravan :—

School	No. Inspected			No. Accepted		
Birchanger	25	..	..	10
Elsenham	52	..	..	25
Farnham	28	..	..	9
Manuden	61	..	..	35
Stansted Primary	194	..	..	89
Stansted Secondary	318	..	..	132
Hatfield Broad Oak	68	..	..	46
Hatfield Heath	110	..	..	59

School		No. Inspected	No. Accepted
Little Hallingbury	.. ..	53	16
Great Hallingbury	.. ..	35	30
High Roding	.. ..	53	23
High Easter	.. ..	37	16
White Roding	.. ..	49	22
Margaret Roding	.. ..	22	8
		<hr/> 1,105 <hr/>	<hr/> 520 <hr/>

One hundred and fifty-nine Sessions, including sessions devoted to Inspection, have been carried out and 520 children have accepted and attended for treatment.

The work has continued right through the winter months and it is a great pity that additional staff is not available to permit even greater use of the Caravan ”.

The following reports have been provided by the Divisional School Medical Officers for Barking, Leyton and Walthamstow in relation to the work of the Oral Hygienists :—

Barking.

The dental hygienist scales, cleans and polishes teeth under the supervision of a dental officer.

She also devotes much of her time to the instruction of children in oral hygiene (both individually and in group talks at school), and this instruction includes the correct method of tooth-brushing ; the care of tooth-brushes and the most suitable types to use ; stressing the importance of retiring to bed with a scrupulously clean mouth ; explaining the use of each tooth when eating ; and advising on foods beneficial to a healthy mouth.

The treatment of sepsis prior to multiple extractions is a very important part of the hygienist's work and this, together with her work on scaling and cleaning, leaves the dental officer available for more technical operations.

Three thousand seven hundred and six treatments were undertaken by the dental hygienist in Barking during 1952.

Leyton.

The scaling and cleaning of teeth and the imparting of instruction in dental hygiene, are the recognised sphere of operations of the oral hygienist, and since the appointment of Miss Watts to that post in May, 1951, she has carried out much useful work for expectant and nursing mothers and school children.

Unfortunately the work which an oral hygienist is allowed to do cannot be expected to go far in relieving the pressure in a grossly understaffed dental scheme in which there are many years of arrears of conservative dental surgery to be dealt with, in addition to the great number of children requiring emergency extraction of painful teeth due to the fact that regular dental inspection and treatment at schools in the area has not been possible. The only way to relieve that pressure is by appointing the required number of dental surgeons.

In routine examination of school children in this area it is found that some 17 per cent. of children needing treatment require the services of the oral hygienist for scaling, brushing or the removal of green or black stains from the teeth.

This does not take into account the value of the oral hygienist in teaching oral hygiene, a sphere where her services are of value to all children. There is little doubt that it is in this sphere that the main usefulness of an oral hygienist lies as far as the School Dental Service is concerned.

The work done by the oral hygienist has been invaluable to those patients for whom it has been carried out.

All her work has been well done.

Exhibitions of posters and displays of dental models organised and supervised by the oral hygienist have been greatly appreciated by mothers and children.

Talks on dental hygiene given to ante-natal and post-natal patients have been well received and of great value.

At times it has been difficult to find sufficient dental work to employ the oral hygienist fully in consequence of the shortage of dental officers and her own limited sphere of operations.

The oral hygienist has not made, and cannot be expected to make, any practical difference to the pressure on the school dental clinics. On the contrary, if her teaching results in an increased acceptance rate of treatment, the pressure will actually increase.

Walthamstow.

Miss J. Watts, Oral Hygienist, commenced duty in Walthamstow in December, 1951, and it was arranged for her to attend on two days per week.

Initially much of her work was the scaling and polishing of the teeth of school children, but it soon became obvious that the type of mouth requiring this sort of treatment was, fortunately, very rare.

It became clear that much more useful work of this kind was needed in the mouths of expectant and nursing mothers. Even here, the supply was far from inexhaustible.

It was finally decided that the hygienist could most profitably spend her time, apart from the limited number of grossly dirty mouths, in giving both individual and group tuition in oral hygiene. In this Miss Watts has been outstandingly successful. She has shown great enthusiasm for her work and reports from headmasters, headmistresses and health visitors confirm the success of her lectures and individual tuition.

(vi) ORTHOPÆDIC CONDITIONS AND CRIPPLING DEFECTS. There was a preliminary reference in last year's report to the arrangements which were made during the year 1952 for the North East Metropolitan Regional Hospital Board to assume entire responsibility for out-patient specialist clinics, as a result of which the Physiotherapists employed by the County Council were transferred to the North East Metropolitan Regional Hospital Board. The day to day management of the service thereafter became the responsibility of the appropriate Hospital Management Committees. In connection with this arrangement the following points (amongst others) were agreed between the County Council and the Board ;—

- (i) that premises would remain County property, the necessary accommodation being provided at mutually agreed charges ;
- (ii) that the County Council would supply such furniture and equipment as was normally provided for Local Health Authority services, the Regional Hospital Board providing items of equipment and consumable articles exclusively used by the specialist ;
- (iii) that the present ease of access to facilities should be preserved.

Provision has also been made for the County Council to submit to the Board details of any extension to the Service which is considered desirable.

No undue difficulties have been experienced as a result of this transfer and full co-operation has been maintained between the County Council and the Hospital Management Committees concerned.

During the year additional Consultant and After-Treatment Clinics were established at the Essex County Health Services Clinics at Manford Way, Chigwell, and at Loughton Hall, Debden, near Loughton.

Particulars are given below of the consultant specialist clinics and after-treatment centres at which the Physiotherapist attends which were held during the year :—

<i>Division</i>	<i>Consultant Specialist</i>		<i>Physiotherapist</i>			<i>Ultra Violet Light Treatments given</i>
	<i>Number of Sessions</i>	<i>Number of Attendances</i>	<i>Number of Sessions</i>	<i>Number of Attendances</i>	<i>Number of children treated</i>	
North-East Essex	25	669	376	2,742	619	—
Mid-Essex ..	9	203	329	2,698	1,124	—
South-East Essex	4	97	139	1,241	384	—
South Essex ..	18	549	212	4,230	845	180
Forest	32	544	398	4,688	544	—
Romford ..	12	168	119	1,308	270	—
Barking	21	93	559	5,414	191	1,109
Dagenham ..	11	266	78	856	358	—
Ilford	66	1,243	195	2,253	276	1,474
Leyton	9	232	—	—	—	—
Walthamstow ..	9	521	448	8,786	1,064	2,215

Mr. H. G. Korvin, F.R.C.S., the Orthopædic Surgeon who attends the Orthopædic Clinic at Ilford, makes the following report :—

“ Nineteen fifty-two was an uneventful year at Mayesbrook and Newbury Hall Orthopædic Clinics. We have succeeded in reducing the numbers of attendances by more than one-third. The opening of the Clinic at Manford Way played some part in this development, but in the main it

was due to the Assistant School Medical Officer's taking over the supervision of many children after these had been examined at the Orthopædic Clinic. I wish to express my thanks to these colleagues for the great help they are giving. It has made it possible to devote more time to difficult cases. It allowed also, by keeping the sessions within reasonable time-limits, to make the appointments system really efficient.

X-ray examinations were again carried out at King George Hospital, Ilford, while operative treatment was, as in the past, undertaken at East Ham Memorial Hospital. Thanks to the parents' co-operation, it was usually possible to send a child home a few days after operation. This economy in hospital beds made it possible to arrange admission in all cases without undue delay.

The provision of surgical appliances was still not wholly satisfactory and further attempts at improving it are being made. To the equipment of the Physiotherapy Department at Newbury Hall a wall-mirror was added for the teaching of postural exercises.

Both clinics were running very smoothly in the past year, owing to the efficiency and helpfulness of all concerned."

(vii) FOOT DEFECTS. Arrangements for the facilities at Chiropody Clinics to be available not only for adults but for children under the age of 15 years were continued. The number of children who attended these clinics during the year was 961, as compared with 1,477 for the year 1951. Comparative figures are set out below in relation to the number of attendances made :—

Division		Clinic		No. of attendances	
				1951	1952
South-East Essex	..	Florence Road, Laindon		57	17
South Essex	..	Council Yard, Brentwood	}	219	131
		Westland Avenue, Hornchurch			
Forest	..	Wanstead Hospital	..	8	31
Barking	..	East Street	}	1,041	1,145
		Porters Avenue Woodward Road			
Dagenham	..	Ford Road	}	646	418
		Ashton Gardens			
Leyton	..	High Road Baths	..	1,265	1,089
Walthamstow	..	Town Hall	..	1,980	2,044
				5,216	4,875

(viii) SPEECH DEFECTS. At the end of the year 16 Speech Therapists were employed at various clinics in the County. Their work can be regarded as an important part of the School Health Service. It is closely co-ordinated with the work of the Ear, Nose and Throat Surgeon and members of the School Health Service staff, such as Assistant School Medical Officers, Dentists, School Nurses and Health Visitors. The full co-operation of parents and teachers is, however, most essential, as without it the treatment is not likely to meet with the success

it deserves ; is often long drawn out ; and is disappointing to both the Speech Therapist and the parents concerned. The treatment is not confined to school children ; pre-school children recommended for some speech defect are also dealt with.

Comparative figures in regard to the work undertaken at the various Clinics during the years 1951 and 1952 are given below :—

Division	No. of Children Treated			No. of Attendances	
	1951	1952		1951	1952
North-East Essex	131	212	..	2,228	3,320
Mid-Essex	72	152	..	1,306	1,746
South-East Essex	118	82	..	1,744	1,883
South Essex	248	238	..	2,365	3,111
Forest	199	229	..	2,916	3,584
Romford	132	89	..	946	1,385
Barking	97	100	..	955	1,906
Dagenham	114	166	..	2,150	2,514
Ilford	139	200	..	1,434	1,481
Leyton	161	182	..	2,391	2,384
Walthamstow	263	262	..	5,467	5,572
	1,674	1,912	..	23,902	28,886

(ix) **ENURESIS.** In December, 1951, a special clinic was established in Ilford to deal with children suffering from enuresis and the following report has been submitted by the Medical Officer in attendance at the Clinic. It covers the period 19th December, 1951 (date of commencement) to 31st December, 1952 :—

“ The Clinic continues to be held on Wednesday mornings at the Public Health Offices, Emerson Road, and the attendance (apart from absences through illness) has been good.

1. *Appointment list.*

At 31st December, 1952, 153 cases had been seen, made up as follows :—

Recommended by	Children under 5 years of age			Children of school age			Total
	Boys	Girls		Boys	Girls		
Parents	3	1	..	4	1	..	9
Doctors in private practice	3	2	..	9	1	..	15
Infant Welfare Officers	6	3	..	—	—	..	9
Assistant School Medical Officers..	—	—	..	62	47	..	109
Health Visitors ..	—	—	..	4	2	..	6
Consultant Clinics..	—	1	..	2	2	..	5
	12	7	..	81	53	..	153

2. *Procedure.*

At each clinic the original procedure has been continued and is as follows :—

- (a) Examination of urine by Health Visitor (for sugar, albumin reaction and specific gravity).
- (b) History of enuresis is taken (including that of any relevant illnesses).
- (c) Physical examination.
- (d) The *approachability* of the child and parent is noted.
- (e) General advice to child and parent is given, and in particular, discussion is directed towards individual problems.
- (f) Charting of all dry nights is explained.
- (g) Medicinal treatment is issued or prescribed (vide No. 3).

3. *Treatment.*

It will be seen that of the 153 cases examined at 31st December, 1952, 93 are boys and 60 are girls. The treatment issued or prescribed therefor was as follows :—

(a) <i>Benzedrine</i> (either 2.5 mgm., 5 mgm. or 7.5 mgm) at night at a time decided upon for each individual child	122 cases
(b) <i>Benzedrine and Mist. Potassium citrate & hyoscyamus</i> at night again at a time, or times, decided upon for each child	9 „
(c) <i>Phenobarbitone gr. ½</i> at night	8 „
plus cases failed on <i>Benzedrine</i>	8 „
(d) <i>Sodium Amytal gr. 1</i> at night	1 case
plus case failed on <i>Benzedrine</i>	1 „
(e) <i>Ephedrine gr. ½</i> , all of which cases had been previously treated with <i>Benzedrine</i> and included above	13 cases
(f) <i>Advice and charting only</i>	13 „
(g) Cases referred (because of persistent failure to improve under one of the above measures) to hospital or Child Guidance Clinics	5 „
(h) <i>Ephynal</i> (previously treated by other methods and failed)	2 „

N.B.—The phenobarbitone, sodium amytal, ephedrine, Mist. pot. cit & hyoscyamus and ephynal were not issued by the Health Area Office.

4. *Analysis of Results in respect of treated cases.*

(i) Completely dry	34 cases
(ii) Very marked improvement (i.e. less than 5 nights wet in 28 nights)	34 „
(iii) Marked improvement (i.e. less than 14 nights wet in 28 nights)	31 „
(iv) Some improvement (i.e. more than 14 nights wet in 28 nights)	11 „
(v) No improvement	23 „
(vi) Not yet re-attended	20 „
Total	153 cases

It is interesting to note that of those completely dry (i) 21 (62 per cent.) were boys and 13 (38.2 per cent.) were girls ; and (ii) the average number of visits for each of these children before discharge was : 4 visits for boys and 3.5 visits for girls ; (iii) the average age was : 7 years for boys and 9 years for girls.

5. Conclusions.

Those cases which have been slow to improve have fallen into four main groups :—

- (i) Those with some home or school problem, often that of frustration.
- (ii) Overcrowding in the home.
- (iii) Those with any physical defect, e.g. asthma, worms, etc.
- (iv) Mismanagement by one or both parents.

In almost every case, the time spent in talking to the child and thus securing his or her interest, has proved as valuable, or more so, than the medicinal treatment given.

There have been a few cases who have relapsed as soon as the tablets have been discontinued—and in these, the substitution of a sweet or saccharin after a week or so, has often been sufficient to meet the case ; in others, a gradual decrease of the dosage has been more satisfactory.

The home background is invariably important—a harassed, tired mother in an overcrowded house, naturally cannot give the calm reassurance so necessary to the child.

This was strikingly illustrated by a 6 year old boy who became completely dry as soon as a Council flat was found for the family. The sleeping conditions in this family had been particularly bad.

Of recent months a system of waking certain children one hour before their normal waking time has proved very effective. This appears to rule out a large number of ‘ pre-waking enuretics ’ who have described dreams of ‘ being in the toilet ’ and who have woken too late to control the act of micturition.

Finally, it has been interesting to note that the 6–8 year old child is much more responsive to treatment than the younger child, and the other child over 10 years of age is usually a much more difficult problem.

In general, the attitudes of both parents and children have been of interest and co-operation.”

6. Other Special Clinics.

In some of the Divisions in the south west of the County special clinics are held, particulars of which are given below :—

Division	Nature of Clinic
Barking	.. Pædiatric and Ear, Nose and Throat.
Ilford	.. Pædiatric, Rheumatism and Heart, and Ear, Nose and Throat.
Leyton	.. Ear, Nose and Throat.
Walthamstow	.. Pædiatric, Massage, Rheumatism and Heart, and Ear, Nose and Throat.

The Divisional School Medical Officer for Walthamstow reports as follows in regard to the Pædiatric Clinic in that Division :—

“The Clinic was continued under the clinical charge of Dr. Elehon Hinden, Pædiatrician to Whipps Cross Hospital, who reports as follows :—

Work in the clinic has proceeded on the same lines as in 1951. The bulk of the children seen have presented minor deviations from the normal or else have been suffering from behaviour disorders. Acute medicine has, rightly, been absent; a pleasing feature has been the very small numbers suffering from chronic rheumatic heart disease. I have the impression that in height and weight, the children compare favourably with those born before the war, and I think that the standard of parental care is rising also. Poor housing still seems the major detrimental environmental factor.

The radiological and pathological departments at Whipps Cross Hospital have continued their welcome service to the clinic, so greatly enhancing its value. A number of children have also been admitted to hospital there for investigation and treatment. I am grateful to my colleagues, the Assistant School Medical Officers, for referring the children to me.”

7. Audiometry.

Since her appointment in May, 1949, the Audiometrician has carried out surveys in the Barking, Dagenham, Leyton and Walthamstow Divisions.

During the year 1952 she completed an audiometric survey of school children in Dagenham which had been commenced in the summer of 1951. As indicated in previous reports on this work the survey was carried out by testing children in groups of approximately 24 at a time by means of a gramophone audiometer.

Owing to the considerable amount of extra time which would be required to ensure co-operation and accuracy in this work among very young children, and in order to test as many children as quickly as possible, thereby using the audiometrician's time to the best advantage, children in the infants' departments were excluded from the survey.

The following is a summary of the survey :—

Total number of children tested	..	..	..	11,738
Number of children discovered and referred for further investigation	..	..	..	251
Number of children among the 251 whose hearing is known to have been improved	..	..	..	87
Number of children among the 251 who were not previously known to have defective hearing	..	..	..	178
Number of children provided with hearing aids as a direct result of this survey	..	..	..	22

It is necessary to point out that although at the time of preparing this summary only 87 children from among the 251 were known to have had their hearing improved, this will almost certainly not be the final figure, as further cases, either in the course of receiving treatment or still awaiting treatment, will undoubtedly be eventually recorded in the improved category.

There will, nevertheless, still remain many of these children whose hearing, even after further investigation, and perhaps treatment, cannot be improved. For these, however, the advantages accruing from the survey will be an accurate assessment of their hearing defect, so that all possible help and consideration can be given to them in school, in order to minimise as far as possible the effects of their handicap.

The question still sometimes arises as to whether the vast amount of testing involved in these surveys justifies the results obtained, and it seems, therefore, worthwhile to consider this aspect. It will be noted for instance in the foregoing survey that 11,738 children had to be tested in order to discover the 251 children (2.1 per cent.) with apparent hearing defects, and of these it should be noted only 178 were not already known by the School Health Department to have defective hearing. In dealing with such criticisms it is important to emphasise again the aim and purpose of mass audiometry. It is to discover those children suffering from some of the minor, and consequently less obvious, degrees of deafness which nevertheless are preventing them from obtaining the fullest possible advantages from the teaching being provided in school. The readily obvious cases of deafness will have been discovered long ago and appropriate treatment provided, and in some cases this will, of course, include admission to special schools for the deaf or partially deaf.

Mild degrees of deafness on the other hand can often be overlooked for years and the child's education in consequence suffers considerably. He may even be suspected to be mentally backward, whereas his only handicap is his unrevealed hearing defect. It is this difficulty in discovering the mild and unsuspected case of deafness that fully justifies the use of mass audiometry to achieve this purpose.

As indicated in last year's report every child discovered to have a hearing defect in the course of these surveys is at once brought to the notice of the class teacher, the special features of the case being fully explained by the audiometrician so that whatever immediate measures are possible, such as suitable class position, can be put into effect. This information is most valuable and is always very much appreciated by the teachers. This is a practical measure which can be adopted at once pending further investigation and possible treatment which will follow on later. It is a most significant and gratifying result of this particular survey that no less than 22 children have been provided with hearing aids. This in itself is surely ample proof of the justification for mass audiometry, and it is a matter for reflection as to when and where these unfortunate children would ultimately have obtained their hearing aids had it not been for the time and work involved in carrying out these investigations.

The audiometrician is now in the process of testing the school children in the Forest Division and a report on this survey will be included in next year's report.

8. Infectious Diseases.

(i) ACUTE POLIOMYELITIS (INFANTILE PARALYSIS). Out of a total of 177 notified cases of this disease during the year, 74 were of school age; 49 were notified as paralytic poliomyelitis and 25 as non-paralytic poliomyelitis.

(ii) **DIPHTHERIA.** From the comparative figures given below it will be seen that the steady progress in relation to diphtheria immunisation has been maintained. To a large extent this is due to the willing co-operation of mothers and the personal approach by Health Visitors and School Nurses to mothers whom they see either at home or at the clinic. In addition to the separate clinic sessions for diphtheria immunisation, it has now become a well established practice for facilities to be provided at many Child Welfare Centres. This arrangement proves very convenient for mothers, and particularly so for those living in the rural areas :—

	1950	1951	1952
No. of school children receiving primary injections	2,838 ..	2,957 ..	3,092
No. of school children receiving secondary or re-inforcing injections	15,555 ..	17,774 ..	17,783

The Divisional School Medical Officer for Romford submits the following report :—

“Several diseases were in epidemic form throughout this year, viz. measles, chickenpox and scarlet fever, but none was of serious manifestation, except from the point of view of school attendance.

It is not now the practice to exclude contacts from school, except for relatively few of these diseases.

In my various investigations into epidemics at school, I have been struck with the possible ease by which those diseases which are conveyed by droplet transmission might be spread. I refer to the educational practice of four children sitting in pairs opposite each other for certain portions of their work. Organisms can easily, in my opinion, be spread across the intervening tables in the process of coughing, sneezing or even speaking, and I have generally recommended, as a temporary measure at any rate, the rearrangement of the class in semi-circular form until an epidemic has abated.”

9. Mass Radiography.

This valuable form of preventive medicine is organised by the Regional Hospital Boards and is particularly aimed at the early detection of cases of pulmonary tuberculosis. Generally speaking, the use of Mass Miniature Radiography for all school children is considered a wasteful service which might more profitably be directed to the examination of school leavers and adults. Should there be special circumstances, however, when it is considered advisable to survey all school children in a particular district or school every endeavour is made for the necessary examination to be undertaken by the Mass Radiography Unit.

During the year a case occurred where an adult type of tuberculosis was discovered in a school child. The incidence of pulmonary tuberculosis of the adult type being comparatively rare in children of school age makes the case of special interest, and particularly having regard to the various investigations which followed in an endeavour to trace the source of infection and also to exclude the possibility of infection having been transmitted to any of the other pupils or members of the teaching staff. The patient was a girl aged 13 years who was

attending a Secondary School. She was examined at the chest clinic on the 19th May, 1952, and notified the same day as a case of pulmonary tuberculosis, and was admitted the following day to Hospital. Subsequent radiological examinations revealed active tuberculosis at the apices of both lungs with cavitation. In consequence arrangements were at once made for the parents of all the children attending the school to be acquainted of the situation by appropriate letter, and they were requested to co-operate by allowing their children to undergo a jelly patch test. All the positive reactors to this test were subsequently examined by the mobile Mass x-ray Unit which visited the school specially for this purpose. The teachers and canteen workers were also examined by the Mass x-ray Unit. The statistical analysis of all the investigations was as follows :—

Number on roll in School	..	..	..	..	527
Number accepting patch test	..	..	..	..	500
Number actually received patch test	..	..	..	..	490
Positive reactors	..	..	..	..	180
Negative reactors	..	..	..	..	310
Number of children called for x-ray	..	..	..	..	180
Number of children actually x-rayed	..	..	..	..	170
Number of children x-rayed privately			..	..	2
Number of teachers x-rayed	..	..	..	..	22
Number of Doctors, Health Visitors, Adults, Canteen Workers, etc., x-rayed	..	..	..	..	34
(No adult was patch tested)					

Although the cause of the infection in this case was not discovered, the investigation was remarkable for the high degree of co-operation on the part of the parents. Much of the credit for this was undoubtedly due to the combined efforts of the school nurses, and clerks and also the Head Teacher whose active interest was most helpful. Finally it is pleasing to record the excellent liaison displayed by the Medical Officers of the North East Metropolitan Regional Hospital Board in the course of these investigations.

TRIALS OF ANTI-TUBERCULOSIS VACCINE. The following reports have been submitted by the Divisional School Medical Officers for Romford and the Forest Divisions in connection with the scheme for protection against tuberculosis by B.C.G. vaccine :—

Romford.

“ The work being undertaken by the Medical Research Council on the question of the value of the Anti-Tuberculosis Vaccine B.C.G. was continued and in the month of September the Unit concerned visited the district in order to re-examine by x-rays and skin test those children who partook of the scheme whilst at school, but who had subsequently left school. The Health Visitors have willingly co-operated with the unit and given all assistance required ”.

Forest.

“ During the year we have continued to co-operate with the Tuberculosis Unit of the Medical Research Council, in their investigations into the value of B.C.G., an anti-tuberculosis vaccine, for general use throughout

Britain. These investigations are now in the second stage, which consists of the follow up of all the volunteers who entered the scheme during their last terms at Secondary Modern Schools, and had had a chest x-ray and skin test. A proportion were then given the vaccine and all must now be followed up for three years to determine its value. Approximately 860 children resident in this Division, the majority of whom have now left school, are now participating in the scheme and every one of them has been visited by the Health Visitor/School Nurse during the year, to enquire of the health of the volunteer, and to record any changes in his employment, illnesses since the date of the last examination or contact with tuberculosis. The nurses have also attended at clinics when the Unit's mobile x-ray van has been working in the area (usually in the evenings). The appreciation of their work is shown by the following extract of a report received from the Physician in charge of the trials :—

‘ Much of the credit for the good progress made should be accorded to the Health Visitors who visit each volunteer once a year. This work, often involving repeated visits, has been painstakingly and enthusiastically carried out, and the interest of the parents and volunteers in the trial, and their response to the invitation for x-ray, are a reflection of the efforts made. We look forward to working with them during the next two years ’ ”.

NOTIFICATIONS OF TUBERCULOSIS. Information relating to the number of cases of tuberculosis notified during the year, divided into five year age groups is given below together with comparative figures for the year 1951 :—

Age Groups	5-9		10-14		15-19	
	1951	1952	1951	1952	1951	1952
Pulmonary—						
Males	19	17	16	16	62	71
Females	20	19	20	18	77	57
Non-Pulmonary—						
Males	14	16	14	5	11	8
Females	12	18	7	6	10	7

Administrative Memorandum No. 418 issued by the Ministry of Education dated 28th March, 1952, modifies the regulations relating to teachers who are found to be suffering from active tuberculosis. It is now necessary for medical certificates to be submitted at more frequent intervals over a longer period and these certificates are based on x-ray and bacteriological examinations as well as clinical investigations. These regulations also apply to teachers, wardens and deputy wardens employed at further education institutions.

Ministry of Education Circular 248 which was issued concurrently with Administrative Memorandum No. 418 requires all teachers entering the service for the first time after 1st April, 1953, to undergo an x-ray examination of the chest as part of their medical examination and also suggests in the interests both of themselves and of the children that teachers should undergo an annual x-ray examination. It is also made clear in the Circular that consideration should be given to similar arrangements being brought into operation for non-teaching staff. In addition, whenever there has been an unusual incidence of tuberculosis in a school, it is suggested that a full investigation should be carried out.

These are undoubtedly most desirable arrangements and as an interim measure, the Committee agreed that every encouragement be given to teaching and non-teaching staffs to take advantage of the facilities offered by the Mass Miniature Radiography Units for these annual x-ray examinations. As from 1st April, 1953, arrangements were made for the x-ray examination of teachers entering the profession for the first time, and for the annual examination to be dealt with as far as possible by means of the Mass Miniature Radiography Units.

10. Child Guidance Service.

Owing to the development of the Child Guidance Service all the existing clinics continued to experience difficulty in dealing with the number of cases referred. In order to relieve the pressure as much as possible, arrangements were made towards the end of the year for the number of psychiatric sessions at the Chelmsford Clinic to be increased from six to eight each week and similar arrangements are likely to be made in regard to the clinic at Ilford.

Reference was made in last year's report to the inadequacy of the premises at Chelmsford; at the beginning of the year 1953 this Clinic was transferred to more suitable premises. In addition, arrangements are being made for the whole of Loxford Hall, Ilford, to be made available for the use of the Ilford Clinic in future. The inadequacy of the premises at Colchester has always been a drawback to the efficiency of the team and suitable alternative premises have now been found. Negotiations are proceeding with the owners with a view to the lease of the property. In the scheme for the reorganisation and development of this service, provision was made for the establishment of a clinic in the South Essex Division if suitable premises could be found, and efforts continue to be made in this direction.

The following reports have been submitted by Divisional School Medical Officers in connection with existing clinics and the statistical summary on page 37 gives further information :—

Mid-Essex Clinic, Chelmsford—Report of Consultant Psychiatrist.

“ Unfortunately the work of the clinic was handicapped during 1952 by fairly frequent changes in staff. Dr. Burbury, Consultant Psychiatrist, left on 16th September, Dr. Bevan Jones on 1st September. Doctors Pratt and Casimir acted as *locum tenentes* until the end of the year and to 15th December respectively, Dr. Casimir taking up his official appointment on December 15th.

In spite of this the waiting list has been cut by 126, and given the services of a lay therapist in 1953, it should be possible to reduce this to reasonable proportions. (Mrs. Neurath left in March). In addition to Miss Willcox, there are now two part-time Psychiatric Social Workers, Mrs. Marsden and Miss Low-Beer, who will be working the Mid-Essex Division on a regional basis.

When the clinic is more abreast of its present obligations it may be possible to start sub-clinics in outlying parts of the area.

It is anticipated that the move to 146 Broomfield Road, will take place in the middle of January.

Excellent co-operation has been received from Runwell Hospital in the matter of E.E.G. examinations ; also from psychiatrists holding adult clinics at general hospitals in the area.

Some difficulty is being experienced in the replacement of clerical staff in the clinic, but it is hoped that this will soon be overcome.

It has been arranged that children living at the Doucecroft Hostel, Kelvedon who require psychotherapy should receive this at the Mid-Essex Clinic, but so far it has not been necessary to do this."

North-East Essex Clinic, Colchester.

The Psychiatrist in attendance at this clinic reports as follows :—

"Despite many personal attempts to find suitable premises the clinic has been in these 'woefully inadequate and unsuitable' rooms (to quote Mr. A. E. Read's comments) now for 5 years. It is hoped that Winsley's House may be made available to us before the summer of 1953.

The Child Psychotherapist (Non-Medical) Miss J. C. Guthrie, and the Psychiatric Social Worker, Mrs. D. M. G. Munro, voiced their disapproval of these premises when they left us in September, 1952. Miss Guthrie, whose long experience and skill proved to be of great assistance to all the members of the team, was with us for an all-too-brief period from 11th January to 13th September, 1952. She then left to take up the kind of post she had always wanted, i.e. as a full-time Child Psychotherapist (Non-Medical) in London.

Mrs. Munro had worked with us for nearly 2 years, but unfortunately had to leave us owing to acute family circumstances to return to her own home in Edinburgh. In a previous report I mentioned her work in running a Parents' Group for mothers of children attending the clinic. This proved to be a most valuable experiment and it's a tribute to her work that these mothers have asked to continue their meetings despite Mrs. Munro's departure.

Dr. S. M. Whitteridge has attended the clinic for two psychiatric sessions a week and we have greatly valued his help in diagnosis and treatment of children and parents.

As on previous occasions when the clinic has been without any Psychiatric Social Worker, additional responsibility has fallen on the shoulders of the remaining members of the team, particularly on the Educational Psychologist, Mr. D. F. Ward, and the Clinic Secretary, Miss M. J. Bedwell. Without their able and loyal co-operation it would not be possible to carry the day-to-day responsibility of new cases referred and enquiries about children who have been seen here during the past six years.

Mr. D. F. Ward and self have continued our work with the research group of teachers, and are seeking ways and means of forestalling or preventing children's scholastic and behaviour difficulties.

The number of new cases referred has been kept down by deliberate screening methods to 183, and 329 cases of families or children have been brought forward from previous years. In some of these, constant contact is maintained with their teachers, and in this way we have a check on their progress. In others, supervision and treatment are continued.

Dr. A. G. Duncan, Consultant Psychiatrist, has always been ready to give us the benefit of his advice on difficult cases. We are grateful for Mr. E. A. Read's visit to the clinic, and hope we shall be able to welcome other members of the Committee to the new premises in 1953."

West Essex Clinic, Walthamstow.

The Psychiatrist at this clinic reports as follows :—

Staffing : During 1952 the number of psychiatric sessions worked per week was nine, five of these being devoted to the cases referred by the Boroughs of Walthamstow and Chingford and four to the 'outer area', which includes the Borough of Leyton and the Forest Division. The number of sessions worked was increased this year due to the appointment in February of Dr. Vincenzi, who, however, resigned in December. In September an additional Child Psychotherapist (Non-Medical) Miss Elizabeth Daunton, was appointed for two sessions per week, thus bringing up to six the total number of child psychotherapy sessions worked.

Comments : The waiting list has been reduced from 138 at the end of 1951 to 70 at the end of 1952, although there has been a slight increase in the number of cases referred. This gratifying change may be attributed to the greater amount of psychiatric time available."

West Avenue Welfare Child Guidance Clinic (for pre-school children).

"This clinic has now been running for a year, and is held on alternate Tuesday mornings. Most of the cases are referred by the medical officers in attendance at the Child Welfare Clinics in the Borough.

During this first year 19 children have been diagnosed and treated, and fourteen of these have already been discharged after satisfactory results were obtained. A further five are still under observation or treatment. These figures confirm the wisdom of the Authority in setting up this clinic, and the good results that can be obtained by this form of early treatment at a pre-school stage, as I predicted in my last annual report. I found this group of mothers particularly receptive and co-operative and this has contributed largely to the good therapeutic results obtained with the children.

I would like to see an expansion of this side of the work, and would welcome yet more cases. I hope that all the Child Welfare Services in the Borough will make use of the facilities provided. Such a clinic may offer some solution to certain of the problems in the non-physical sphere which are so often presented to the pædiatrician, as pointed out by Dr. Hinden in his report for 1951.

The following is an analysis of the cases treated :—

Habit disorders	..	..	..	..	6
Sleep disturbances	..	..	..	..	1
Fears	..	..	..	..	5
Behaviour disorders	..	..	..	..	7 "

Ilford Clinic.

Dr. J. E. G. Vincenzi, the Psychiatrist, reports as follows :—

"The position at 1st January, 1952, was that there was a waiting list of 69, and as at 1st January, 1953, 123. This is partly accounted for by the fact that the Dagenham area do not now keep a waiting list of their

own, but it does to some extent show that the clinic has not coped with its requirements, let alone made up leeway. This is largely due to the inadequacy of psychiatric and lay-therapeutic time available.

Dr. Burbury left in August and Dr. Davidson was not appointed until December, so that for four months two psychiatric sessions a week were unfilled. With Dr. Davidson's appointment the prospects for 1953 are more favourable and it is hoped that extra lay-therapeutic time can be given, with the possibility of additional psychiatric sessions. During these four months the only psychiatrist working was obliged to take on cases of Dr. Burbury's, thus leaving even less time for diagnostic interviews.

The position as regards the clinic has not been entirely satisfactory owing to the inadequate number of rooms suitable for interviews and the fact that the premises were still being used for other purposes making structural alterations impracticable. It is hoped that this difficulty will be overcome early in 1953.

It is to be noted that 84 per cent. of the children seen were taken on for treatment. This is much higher than usual but is explained by the fact that only urgent cases were seen.

The statistical analysis of cases seen is given below :—

Total number of cases : 180 referred—

Boys	..	..	..	114	63.3 per cent.
Girls	..	..	..	66	36.7 per cent.

180

Primary reason for Reference		Boys		Girls		Total
Enuresis	.. ..	12	..	7	..	19
Aggressive behaviour	..	32	..	19	..	51
Withdrawn behaviour	..	17	..	8	..	25
Sleep disturbance	..	6	..	2	..	8
Stealing	.. ..	10	..	6	..	16
Failure to attend school	..	2	..	1	..	3
Fears and anxiety	..	18	..	11	..	29
Sexual offences	.. ..	1	..	1	..	2
Speech difficulties	..	2	..	3	..	5
Habit spasms	.. ..	3	..	3	..	6
Asthma	.. ..	1	..	—	..	1
No progress at school	..	5	..	4	..	9
Hysteria	.. ..	2	..	—	..	2
Feeding difficulties	..	1	..	—	..	1
Continued attendance at residential school	..	2	..	1	..	3

11. The School Psychological Service.

The Psychologist to the Education Committee reports :—

“ The School Psychological Service is not strictly speaking a part of the School Health Service but it functions in such close association with the latter that some account of its work during the year would seem appropriate here. The School Psychological Service and the Child Guidance Clinic Service may be thought of as together providing a Mental Health Service for children and they function most effectively when there is close co-operation between the two and with the School Health Service in general. Throughout the past year the staff of psychologists has remained unchanged and this has been of great value in ensuring continuity of policy and in fostering good relations with other organisations concerned in the mental welfare of children. The psychologists have continued to form an important link between the Child Guidance Clinics and the Schools, keeping teachers informed of what is happening to children attending the Clinics for treatment and helping the staff through what may be difficult periods in the children's progress towards re-adjustment. They have also continued to act as one very important referring agent to the Clinics. In the course of examining children thought to be of retarded intelligence it is frequently found that there are difficulties of adjustment complicating the learning difficulties and requiring reference to a psychiatrist. For example, out of 341 children examined by one of the psychologists during the year, 40, or some 12 per cent., were in need of psychiatric investigation. Another psychologist found that 41 per cent. of the children referred to her as backward in schoolwork were of normal or superior intelligence. Since all the psychologists working in the County are based on one or other of the Child Guidance Clinics it is an easy matter to discuss such cases with the rest of the Clinic staff and to ensure that children needing help are not overlooked.

Co-operation with the School Medical Officers during the year has been increasingly fruitful. Children found in the course of the psychologists' examinations to be educationally sub-normal to the extent where ascertainment is necessary are sent on to the School Medical Officer and in the same way children referred to the School Medical Officer for ascertainment as educationally sub-normal and found not to be so, are being increasingly sent on to the psychologist for educational help and guidance. One interesting development from the co-operation with the School Health Service during the year has been the establishment of a small class, at one of the schools for educationally sub-normal pupils, for very young retarded children for whom a trial period of schooling has been thought desirable before a decision on educability is made.

An important aspect of the School Psychological Service which closely affects the School Health Service has again this year been the general preventive and educational work done in the schools, helping teachers to a more informed attitude about the significance of children's behaviour. At one of the Clinics the psychologists have held weekly evening sessions, where the staff of each school in the area has been invited in turn to hear of the work of the Clinic and to learn more of what service it can render. In this way, it is hoped, the incidence of maladjustment arising from the school situation may be lessened and something may be done to avoid referring the wrong type of case to the Clinics.

Preventive and educational Mental Health work has again been fostered through lecture courses to Teachers and through talks to Parent-Teacher Associations, Women's Institutes, Young Wives' Clubs and other similar bodies.”

CHILD GUIDANCE SERVICE
STATISTICAL SUMMARY

	North-East Essex Colchester Clinic	Mid-Essex Chelmsford Clinic	Ilford Clinic	Walthamstow West Essex Clinic	Total
No. of cases referred to Clinic ..	183	200	180	238	801
No. of cases diagnosed at Clinic ..	112	193	107	195	607
<i>Psychiatrist</i> — Diagnostic Interviews ..	99	193	107	195	594
Treatment Interviews ..	273	536	525	916	2,250
Other Interviews ..	576	38	170	2	786
<i>Psychologist</i> — Cases treated ..	12	93	82	716	903
Treatment Interviews ..	161	247	137	585	1,130
Other Interviews ..	175	5	93	73	346
School Visits ..	286	47	99	338	770
<i>Child Psychotherapist (Non Medical)</i> — Treatment Interviews ..	331	26	648	604	1,609
<i>Psychiatric Social Worker</i> — Interviews at Clinic ..	595	724	976	1,512	3,807
Interviews elsewhere ..	444	337	149	102	1,032
<i>Waiting List</i> —	31-12-51	31-12-51	31-12-51	31-12-51	31-12-51
Cases for diagnosis ..	52	266	69	138	525
Awaiting treatment ..	31	8	11	—	50
		140	123	60	365
		11	16	10	49

12. Special Educational Treatment.

The Education Act of 1944 places on Local Education Authorities the duty of ascertaining handicapped pupils in their areas and also of providing special educational treatment for such pupils. The categories of pupils requiring such treatment as defined by the Ministry of Education are as follows :—

Blind	Educationally Sub-normal
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Deaf	Physically Handicapped
Delicate	Children suffering from
Diabetic	Speech Defects (including aphasia)

In certain of these categories, i.e. blind, deaf, physically handicapped, epileptic or aphasic, special educational treatment is provided by admitting the pupil to a Special School and in the case of blind or epileptic the school must be a boarding school. Handicapped pupils of other categories who are recommended for special educational treatment can attend an ordinary school provided special facilities are available and the presence of the handicapped pupil does not interfere and is not detrimental to the interests of the other pupils. It will be appreciated that such children in attendance at ordinary schools must of necessity be carefully handled and, in addition to the teacher giving the pupil special attention, it is also necessary to introduce certain methods of treatment as indicated below for individual categories :—

- (a) for the partially sighted : a favourable position in the classroom and the provision of special furniture, apparatus and equipment.
- (b) for the partially deaf : a favourable position in the classroom, the provision of individual hearing aids, if necessary, and tuition in lip reading.
- (c) for a delicate pupil : education under favourable hygienic conditions with special provision for nutrition and rest.
- (d) for a diabetic pupil : residence in a hostel under medical and nursing supervision and such modification in the school regime as may be advised.
- (e) for educationally sub-normal pupils : tuition adapted to their special needs either individually or in small groups or classes, including adequate facilities for practical work.
- (f) for maladjusted pupils : such special educational treatment as may be considered appropriate in the light of a recommendation by an educational psychologist or other suitably qualified person employed by the Authority or at a child guidance centre or clinic.
- (g) for a pupil suffering from speech defect other than an aphasic pupil : special training and treatment by a duly qualified Speech Therapist.

The needs of all handicapped children can be met either by admission to a day or residential special school or home or by the provision of home tuition. At the end of the year home tuition was being provided for 37 children who were specially selected because for health or other reasons they could not be placed in a Special School.

Reports relating to both day and boarding special schools under the control of the Committee follow.

(i) SPECIAL SCHOOLS—DAY.

(a) *Dagenham Heathway Special School for Physically Handicapped and Educationally Sub-Normal Children.*

Report of Dr. C. Herington, Divisional School Medical Officer :—

“ This is a day special school for educationally subnormal and for physically handicapped pupils. There are 151 educationally subnormal pupils and 56 physically handicapped. Apart from speech therapy, no treatment, other than for minor injuries, is carried on at the school. Those physically handicapped pupils who have been prescribed physiotherapy are released from school to attend a physiotherapy unit.

School attendance. The attendance of educationally subnormal children averages but little less than that of the children in the ordinary day schools. That of physically handicapped is a little lower. The following are the comparative figures :—

			1st Quarter		2nd Quarter		3rd Quarter
Secondary	..	..	90.8	..	91.9	..	89.1
Primary	..	..	87.7	..	89.5	..	89.1
Heathway—							
E.S.N.	..	..	86.8	..	89.1	..	84.7
P.H.	..	..	75.7	..	76.9	..	79.3

Children of both categories attend this school from the Dagenham, Romford and South Essex areas. Buses bring children to school in a regular special service.

Physically Handicapped Children. Of the 56 physically handicapped children, 29 suffer from paresis of the limbs, of whom 7 have flaccid paresis. Of the others, two have spastic paresis; one has post-encephalitic Parkinsonism, and one has cerebellar ataxia. The degree of disability is such that in most cases the child can walk with assistance, or can use his hands a little. Nine children get Jacksonian type fits, or petit-mal. In general it is not the policy to admit such children to this school unless their fits are minor or not more frequent than once or twice weekly.

Epileptic Children. All the eight epileptic children have some complicating condition, e.g. spastic diplegia, spastic localised paresis, or educational subnormality.

Children suffering from Defects of Limb Movement. Six of these children are old cases of poliomyelitis. Five of them have only lower limb paralysis, and one of them both upper and lower limb paralysis.

Children suffering from Heart Disease. This group numbers 15 children. Six children who were in this group have begun attendance at ordinary schools during 1952, following operations on the cardiovascular system. Two others who have also had operations remain at Heathway. These are children with Fallot's tetralogy whose degree of recovery is not regarded as sufficient to allow them to enter into the full activities of an ordinary school, though both have improved considerably.

Miscellaneous. Children suffering from a miscellaneous group of disabilities number 12, and these are as follows :—

- (1) Congenital deformity of foot
- (2) Coeliac disease
- (3) Arthrodesis right ankle
- (4) Fractured skull and loss of bone
- (5) Congenital spinal deformities and valgus ankles
- (6) Tuberculous arthritis of knee
- (7) Partially sighted and congenital cataract adherent irides
- (8) Spinal injury. Severe kyphosis and pigeon chest
- (9) Right Perthe's disease of hip
- (10) Choreoathetosis ? following hæmolytic disease of newly born
- (11) Osteogenesis imperfecta
- (12) Pseudo-hypertrophic muscular dystrophy
(emotionally disturbed).

Educationally Subnormal Children. These are children who have made little progress at an ordinary school, mostly the dull and backward, and have been referred for special teaching for the rest of their school career. Many of even the grossly retarded are kept in the ordinary schools, and given special tuition, the question of whether this is feasible depending on how the head teacher estimates the situation in his or her school.

It is no uncommon thing, however, to find that a child is referred for special school at 12 to 14 years of age, only to find that there is no possibility of a vacancy. The waiting list at this age group is about 80, most of whom will never enter a special school. At the lower age groups, the waiting list diminishes in number, and for five to seven year olds there is no waiting list. It is usually best to give infants a period at the ordinary infants' school, and if they make no progress, to examine them while in the junior school with a view to making recommendations regarding future training."

(b) *Grays Open Air School.*

Report by Dr. W. T. G. Boul, Divisional School Medical Officer for South Essex :—

"The number of children who were in attendance here during the course of the year 1952	..	..	..	..	94
Number of admissions	..	..	..	..	37
Number of re-admissions	..	..	..	..	4
Number left during 1952	..	..	..	..	26
Number on registers—December, 1952 (including leavers)	..	..	..	..	78

The following table gives details about the 26 children who left the school during the year :—

Fit to resume attendance at their normal school	..	..	..	21
Admitted to residential special school	..	..	..	1
Admitted to convalescent home, Hove	..	..	..	1
Removed from the district	..	..	..	2
Attained school leaving age	..	..	..	1
Total	..	..	..	26

The average length of stay of these leavers was one year and five months.

Medical Inspections. The weekly visit of the Assistant School Medical Officer continued during 1952, ensuring continuous remedial work, arrangements for specialist advice and treatment and close contact and co-operation between the school and homes. Of the four re-admissions to the school one was re-admitted six weeks after leaving for a stay in a convalescent home.

General. (i) During the year daily physiotherapy has been given to certain chest cases, and real improvement has been noted.

(ii) An effort has been made to admit only those cases which, it is felt, will benefit from admission to this type of school, and to discharge those cases which have subsequently been found to be incorrectly placed to other more appropriate special schools. There are, however, still a small number of these cases remaining owing to the long waiting lists at the special schools.

(iii) The poor condition of some of this year's admissions has necessitated a longer stay than is usual.

Disabilities of children in attendance.

			Girls		Boys		Total
<i>Diseases of the lungs—</i>							
Asthma	..	..	6	..	17	..	23
Bronchial asthma	..	..	3	..	4	..	7
Bronchitis	..	..	1	..	1	..	2
Chronic bronchitis	..	..	5	..	5	..	10
Bronchiectasis	..	..	4	..	1	..	5
Collapse	..	..	—	..	2	..	2
<i>Disease of the heart—</i>							
Congenital heart disease	..	..	2	..	1	..	3
<i>Diseases of the central nervous system—</i>							
Cerebellar ataxia	..	..	—	..	1	..	1
Epilepsy	..	..	—	..	1	..	1
<i>Disease of the kidneys—</i>							
Chronic nephritis	..	..	1	..	—	..	1
<i>Tuberculous infections—</i>							
Tuberculous glands of the neck	..	..	1	..	3	..	4
Primary intrathoracic tuberculous infection	..	..	6	..	4	..	10
Others..	..	..	1	..	1	..	2
<i>Rheumatic infections—</i>							
Acute rheumatism	..	..	1	..	—	..	1
Still's disease	..	..	1	..	—	..	1
<i>General cases—</i>							
General debility	..	..	12	..	5	..	17
Delicate child contact of pulmonary tuberculosis			1	..	—	..	1
Bilateral maxillary sinusitis			1	..	—	..	1
Deformity sequelæ to anterior poliomyelitis	..	..	1	..	—	..	1
Residual R. hemiplegia	..	..	1	..	—	..	1
			48	..	46	..	94”

(c) *Barking Faircross Special School for Educationally Sub-Normal, Physically Handicapped and Delicate Children.*

The Divisional School Medical Officer for Barking, Dr. C. Leonard Williams, has submitted the following report :—

“ Number in attendance at the end of 1952—

Physically handicapped and open air section ..	75
Educationally sub-normal section	122

Twenty-nine physically handicapped children from Dagenham, East Ham and Ilford and 82 educationally sub-normal children from Ilford, East Ham and Romford are included in the above figures.”

(d) *Ilford Benton Open Air School.*

The following report has been submitted by Dr. I. Gordon, Divisional School Medical Officer for Ilford :—

“ During 1952 the number on the roll varied from 81 on 31st December, 1951, to 97 on 31st December, 1952. The number of admissions was 44 and the number of discharges was 28.

Debility without any other defect accounted for a total of six children in 1952, as against 13 in 1951 and 17 in 1950. One of the six was discharged to ordinary school during the course of the year.

Those admitted were recommended for examination from the following sources :—

School Medical Officer	42
Tuberculosis Officer	1
Others	1
School Medical Officer—	
Asthma	11
Bronchitis	6
Debility	8
Chronic bronchitis and pulmonary collapse ..	1
Pulmonary catarrh, nasal obstruction and antrum infection	1
Debility and emotional difficulties	2
Subnormal nutrition	4
Maladjusted	1
T.B. Adenitis	1
Injury to knee	1
Perthes' disease	1
Cerebral palsy	2
Paralysis	1
Still's disease	1
Old collapse of lungs	1
Tuberculosis Officer—	
Old T.B. Lungs	1
Others—	
Fallot's tetralogy & ? pulmonary stenosis ..	1

The 28 children not now on the roll ceased attendance for the following reasons :—

Fit for ordinary school	15
Left school—over age	4
Admission to convalescent home	1
Admitted to Harold Wood Hall Children's Home ..	1
Admitted to county high school	1

Admitted to residential open air school	2
Admitted to residential school	1
Admitted to a hospital school	1
Admitted to St. Anthony's Roman Catholic Centre, Manford Way	1
Died	1

The so-called spastic class continued to develop along the previous lines, with special therapy such as weaving and model making. The use of walking machines and tricycles was extended.

In 1952 there were ten in the class and the composition was as follows :—

Spastic paraplegia	2
Spastic paraplegia and dislocation of hips ..	1
Spastic diplegia	2
Left spastic hemiplegia	1
Diplegia of athetoid type	1
Cerebral palsy	1
Talipes and wasting of calf muscles	1
Spina bifida occulta and paresis of lower limbs ..	1

In addition to the above three cases of milder spasticity attended the ordinary classes of the school.

By arrangement with Romford Authority, one case from their area was admitted during the year.

One child of four years of age is down for admission to this spastic class when he reaches school age, should there be a vacancy.

Another child aged five years is awaiting consideration for admission when her present treatment is finished.

As a result of the Medical Officer's periodic examinations, a number of the children have been recommended certain treatment as follows :—

Administration of milk in school	39
Administration of cod liver oil emulsion	38
Administration of malt and oil, etc.	1
Referred to orthopædic surgeon	1
Referred to ophthalmic surgeon	2
Referred to aural surgeon	1
Referred to dental surgeon	2
Recommended asthma exercises	1
Recommended convalescent home treatment ..	3
Recommended child guidance clinic	1
Recommended pædiatric clinic	4
Recommended artificial sunlight treatment ..	1

A course of asthma injection was given to five children during the year.

Five children received Artificial Sunlight treatment during the year.

The Dental Surgeon has carried out one complete inspection of the children's teeth at the Open Air School. The following table shows the dental work carried out :—

Number of children examined by the School Dentist	79
Number of children referred for treatment ..	59
Number of children treated by Dental Surgeon ..	42

The provision of extra rest and cod liver oil and milk continued as before and children with lung diseases were given daily deep breathing exercises.

The re-building of the rest-hall was completed after the Easter vacation. The school can now take 115 children as against 85 previously."

(e) *Leyton Knotts Green Special School for Physically Handicapped Pupils and Leyton Harrow Green Special School for Educationally Sub-Normal Pupils.*

Below are extracts from a report by Dr. A. W. Forrest, Divisional School Medical Officer of Leyton :—

Knotts Green Open Air School.

" *Premises.* During the autumn of 1940 part of the school buildings was totally destroyed by enemy action.

When the war ended it was considered that the rebuilding of the school would be high in the list of building priorities, but it has been postponed from year to year until a stage has been reached when it is difficult to speculate as to when the re-building will take place. Under the circumstances the number of children on roll, instead of being 150, has been under 100.

The school occupies almost three acres of ground, of which a temporary day nursery takes up almost one third of an acre. The day nursery was built on the foundation of the administrative block of the original school and occupies very little of the open space around the open air school.

There is an excellent garden and a gardener, and the children are encouraged to spend as much of their time as possible in this garden.

The five class rooms are of reasonable size. The largest is used as a dining room, although in good weather the children can have their meals outside. All the class rooms can be open completely on two sides, weather permitting. These rooms are all adequately heated.

Because of the destruction of premises due to war damage, the domestic science room had to be improvised from a staff room, and two corridors which have been closed at one end. Although not very satisfactory it meets requirements; and, as the number of girls taking domestic science is not large, the domestic science mistress manages quite well.

The school suffers from having no hall, which makes it difficult to have the whole school assembled together at one time.

The rest shed is open on one side, and is used only when the weather is favourable. Beds and blankets are kept in an enclosed store, heated by a rather small stove, which cannot provide the amount of heating required in damp weather. There are no special provisions for drying clothes, as the drying room was destroyed by bombing; but makeshift facilities have been improvised for drying very damp clothes.

The iron frame beds are quite satisfactory, and are easily cleaned when necessary.

Pillows are provided for any child who requires, or expresses a wish for them.

Meals are cooked in the adjacent central kitchen and the children have the advantage of having meals fresh from the kitchen and not after long journeys in food containers.

Medical Services. The school is conveniently situated almost opposite Leyton Green Clinic, where medical and nursing attention and supervision are always available. The School Medical Officer responsible for the school works at this clinic, and the Head Teacher can get in touch with him personally or by telephone without difficulty. The same applies to the School Nurse who is responsible for the hygiene of the School.

The children are examined by the doctor once a term, and parents are invited to this examination, which takes place in School. If the children require more frequent or special supervision, the doctor sees the parent and the child at the Clinic.

All children travel to school by coach, except those who are old enough and whose physical condition allows them to travel by public transport unaccompanied. They have a hot drink when they arrive in the morning, and any other nutrient or medicament recommended on medical advice.

The children are weighed once a term and this seems to be adequate in most cases ; but the Headmaster favours weekly weighing.

Children. There are 84 children in the School, 50 boys and 34 girls, classified thus :—

		Delicate		Physically Handicapped		Maladjusted		Ages
Class A	..	20	..	2	..	—	..	11–16
Class B	..	15	..	8	..	1	..	9–13
Class C	..	17	..	4	..	—	..	8–10
Class D	..	10	..	7	..	—	..	5–8
<hr/>								
		62	..	21	..	1		

During 1952 some 35 children left the School—13 to work, 16 to normal schools, one each to E.S.N. and Approved School, and four left the neighbourhood.

There are no children under five. Once or twice in the past a child has been admitted when about four and a half years old, but this has always been for a very special reason and with the agreement of the medical officer.

The average length of stay of the children who left during 1952 was—for delicate children, two years six months ; for physically handicapped and maladjusted children four years, four months. During the last five years (1947 to 1951 inclusive) the average length of stay was—for delicate children, two years five months ; physically handicapped and maladjusted, two years five months.

There are 21 children who are physically handicapped. They have definite physical defects of a permanent nature—congenital dislocation of hips ; paralysis after poliomyelitis ; congenital amputation ; rheumatic and congenital heart disease ; and chronic chest complaints. The freedom to move about on the level, to be with other children who are handicapped and the small classes where more individual attention can be given, these amenities are of great help to this group of children, who seem to be happy and do well.

Similar good results are noticed in the case of the group of children with an indefinite series of complaints, those who have poor physique, those with a difficult or inadequate home environment, and the misfits and failures in the ordinary schools ; but they do not require more than a term to show improvement, and very few children stay less than one to two years.”

Harrow Green E.S.N. School.

“ Premises. The Knotts Green Special School was badly damaged by bombing in October, 1940, and the E.S.N. Section of this school carried on a precarious existence in various other educational establishments, usually as an unwanted guest, until 1948 when the school was transferred to its present premises.

Harrow Green is an old, rather forbidding, prison-like building, built in 1877, which, if the educational plans had been able to be carried out, would have been demolished and rebuilt. So far this re-building has not been possible, but reconditioning inside the building has been done in such a way that the poor premises have, in fact, made a reasonably good school and the Headmaster has made excellent use of the very awkwardly placed school quarters.

The class rooms are small but have proved, in practice, adequate to the purposes. There is good storage space, two large halls, one of which is used as a dining room, a large handicraft room for leather work and wood work, and a good sized domestic science room.

Meals are cooked on the premises at a central kitchen attached to the school, and the children have the advantage of food which is served directly to them and does not have to travel in containers. There are very few complaints about the meals received here.

The playground is too small ; and there is no room, at present, for a garden which is allowed for in the plans when re-building takes place.

Medical Services. The school is within easy walking distance of the School Clinic, and children have dressings and treatment as required at the clinic. Because of this the School Nurse does not visit regularly ; but she does visit the school frequently and the Headmaster can consult her by telephone and ask for a visit at any time.

The usual cleanliness and hygiene surveys are carried out at the school. The Medical Officer visits one morning or afternoon per week for medical examinations and intelligence tests. Routine medical inspections with parents in attendance are carried out once a year, but children with any complaints are seen more frequently at the school or at the clinic.

Intelligence tests are given to each child once a year and at any other time if the Head Teacher desires it or if the parents ask for a re-assessment.

Children. There are 140 places in the School—80 for Leyton children and 60 for Forest Division children. If the Leyton places are not all taken up, they are given to Forest Division children.

There are seven classes. In theory 20 children should be in each class, but the age range is variable and there is one class of 23 and another of 18 at present.

There are two senior classes, one for boys and one for girls, with an age range of 12–16 years. In all other classes the boys and girls are taught together.

The two ‘ junior ’ classes have age ranges of 7–9 and 8–12 years ; and the ‘ intermediate ’ classes have age ranges of 9–13 and 11–14 years. The wide age range in the classes is due, of course, to the varying mental ages of the children ; and the Headmaster takes a great deal of trouble in grouping the children to the best advantage for educational and social purposes.

There is a nursery class with children from 5-8 years. About 75 per cent. of the children in this group have I.Q.'s between 50 and 65. Backwardness which shows itself at this early age is usually of a more severe degree than one not revealed till an older age when educational failure has appeared. Six of the children in this group are on trial only, and it is doubtful if they are going to be educable.

At one time it was thought that the range of intelligence did not fluctuate beyond 3-5 points which might be considered experimental error. However, more experience with the tests has shown that there can be quite considerable variations in the I.Q. range over the years of growth. Some of it may be due to the variation of accuracy in the standardisation and scoring of the tests themselves. Also, there are periods in the child's mental development when they seem to be almost at a standstill and then later push ahead. It has, however, been found on the whole that the majority of children in the E.S.N. schools leave the school with some drop in the I.Q.

The fact that these variations occur has been noted by other School Medical Officers and Educational Psychologists, and Harrow Green School is no exception.

In the age group 13 to 16 years 23 children have I.Q.'s lower than on admission, 12 having fallen from 70+ to 60+, and 11 from 60+ to 50+. In 20 children the I.Q. is more or less stationary.

In five children of this group there has been an improvement of more than five points and one boy due to leave in April, 1953, has risen from 64 to 82. When in his Infant School he was so dull and awkward, backward physically and mentally, that he had to be excluded from school for a few months. This backwardness had been apparent from a very early age. He did not make progress for a long time, then started to improve steadily and rapidly. He has a very good home background, and school and home have co-operated well. His great weakness is lack of initiative and a certain simplicity of character which worries his parents and has caused them some anxiety about his future. With their agreement he has been recommended supervision on leaving school.

In the age group 10 to 13 years, ten children have I.Q.'s lower than on admission, 25 are stationary, and two have shown a rise of more than five points.

In the age group 8 to 9 years, three have I.Q.'s lower than on admission, 16 are stationary, and six have improved.

The remainder of the children have not been long enough in the School to make such an analysis worth while. The two younger groups, too, have time to change before 16 years, but these figures show that the I.Q. is not static, as was once believed and taught.

Physical Defects. The children in the E.S.N. School seem to have a higher proportion of physical handicaps than in the ordinary schools.

EYES. Twenty-nine children wear glasses and seven are under observation or treatment for eye complaints.

HEARING. Three children wear hearing aids for deafness. Two of these have had repeated severe attacks of otitis media, and one has attacks of catarrhal deafness. All of them have periods when hearing improves, and they tend to discard the aid or forget it on the slightest excuse. There is some doubt in the teacher's mind whether the aids have been helpful or not.

Twelve children are under treatment or observation for ear complaints of one kind or another.

HEART CONDITIONS. Four children have congenital heart disease, one boy having quite a severe degree of disability, but the others are slight.

Two children have murmurs which are of no significance.

EPILEPSY. There are nine children with major or minor epilepsy, and two with very doubtful histories who have had treatment at some time. None of the children have frequent fits; indeed, some have never had a fit in school over a period of three to four years. The proportion of epileptics is higher at present than it has ever been before in the School's history. Three of the children have quite heavy sedative treatment and this tends to interfere with their educational progress.

CEREBRAL PALSY. Two children suffer from this complaint but are able to manage their disability quite well, and both are making progress in the School.

SPEECH DEFECT. One child has a motor aphasia with an I.Q. of 73. He has improved so much since he came into the School in the use of his intelligence and if his speech does not improve rapidly he may be referred to the Special School for Aphasics when he is a little older.

The other speech defects are dyslalia.

MONGOLIAN DEFECT. There are two children with this defect in the Nursery Class, their I.Q.'s being 58 and 60. They are two of the children who are on trial only.

Two mongolian defectives who were of a very mild type, and came into the school at seven years with I.Q.'s of 64 and 63, have made good progress in reading and arithmetic and have been able to take part in school work to an unusual degree. It is hoped that both may be able to do work of some kind when they leave. Their I.Q.'s have fallen some 10 points in each case, and the mongolian appearance of the children has increased, but this does not seem to interfere with their progress in school. They are the only two such cases who have been successful since the School was opened in 1927.

1952 'Leavers'. Twenty-seven left the School in 1952. Three went to the Occupation Centre; they were ineducable. Four children left school between the ages of 15-16 years as they no longer required special educational treatment. They had been children with I.Q.'s about 70-75 and, having been complete educational failures in their own schools, benefitted greatly by the special training in Harrow Green.

One boy returned to an ordinary school as his educational progress had been remarkable. He came in with an I.Q. of 71 and complete reading and arithmetic failure, and he left with an I.Q. of 83 and a reading and arithmetic age of 9-10 years, just a few months below his actual age. He had been referred to our school by the Child Guidance Clinic because of a certain amount of maladjustment to his home and old school, and a speech defect, which was also corrected while at Harrow Green.

Eight children left at 16 years of age, and six of these were recommended supervision under Section 57 of the Education Act, sub-section 5.

Five children were transferred to Residential E.S.N. Schools because of difficult home circumstances. They had intelligence quotients of about 70.

Three boys were, unfortunately, admitted to Approved Schools. They had I.Q.'s of 70-73, mainly educational failures who had the added handicap of bad home circumstances, and required the training and discipline as well as the education which is given in such schools.

The remainder of the children who left in 1952 moved to other districts."

(f) *Walthamstow Special Schools for the Partially Sighted, for the Deaf, for the Physically Handicapped and for the Educationally Sub-Normal.*

Dr. A. T. W. Powell, Divisional School Medical Officer for Walthamstow, has provided the following information :—

School for the Partially Sighted—Report of Headmaster.

"The following table gives the classification of children on a locality basis at the end of the year :—

		Walthamstow		Essex		Out-County
Boys	..	5	..	6	..	12
Girls	..	2	..	6	..	13

At the ophthalmic session held at the school in December it was found that 15 children had visual acuity (Snellen) 6/60 or less ; 12 children had visual acuity of 6/36 ; 2 children visual acuity of 6/24 and 14 children visual acuity 6/18 or more.

As in previous years the medical supervision of the school has been well maintained. Dr. I. Gregory, M.B., D.O.M.S., has made two visits and given much helpful advice. Dr. M. Watkins has made medical inspections of selected children and has seen all school leavers, and Miss Cunningham, Health Visitor, has regularly visited the school and has done much useful work to bridge the gap between home and school in difficult cases. I must put on record our appreciation of the very ready help and co-operation of Dr. Evans and the staff of the Eye Clinic who have examined all children in the school during the year.

On the educational side much steady work has been done. There has been some experimental work with physical training apparatus and the senior boys, who also participated in the Walthamstow School Sports. During the year eleven children left school as follows :—

- 2 to employment
- 1 to Technical College
- 1 to Junior Technical School
- 4 to Schools for the Blind
- 2 to Residential Partially Sighted Schools
- 1 to Hospital School

I would like to express my appreciation to Miss Ramage, Mr. Crosby and Miss Hardy for their efforts on behalf of the children. During the year the average attendance was 39.1 and the number on roll 42.9."

School for the Deaf—Report of Headmistress.

"At the beginning of 1952 there were thirty-five children on the roll, seventeen partially and eighteen totally deaf.

Mrs. Corner, first assistant, was ill for three months, and Miss Black, from New Zealand, joined the staff.

On April 8th the school met at Gainsford Road for the last time. A deaf group has been taught there for fifty years. It was one of the first day schools in the country for deaf children. The school is now at Hale End Road.

Three boys left during the year. Two were E.S.N. as well as a little deaf, but as the first defect was by far the greater, they were found unsuitable for this school. One boy left to go to Tunmarsh Lane School, West Ham.

Seven new children were admitted, making the final total thirty-nine, fifteen of whom are partially and twenty-four totally deaf.

There have been no epidemics and not one case of infectious disease. There are no 'running ears', and that is unusual in a school for the deaf.

Dr. Francis Clark, Ear, Nose and Throat Specialist, made his usual aural inspections, and commented upon the good health and bearing of the children."

School for the Physically Handicapped—Report of Headmaster.

"This year shows a general improvement in the health of the children which has been reflected in higher all round attendance figures. The experiment of an open air group in the forest was modified this year, in the light of previous experience; instead of one selected group, each class in turn visited the centre which was situated at the Jubilee Retreat, Chingford, on a relatively high quick draining site on the edge of the forest. Although there are certain physical disadvantages at the site, it is generally felt that the children benefit by spending even odd days of the high summer in the country. The school continued the practice of former years in opening during the summer holidays, when again a voluntary attendance of over 90 per cent. was maintained.

Selected individual children competed in the Walthamstow School Sports and it was noted that several former pupils were also competitors.

The school has benefited considerably by the wiring of two of the class rooms for radio reception and certain alterations of playgrounds and paths have contributed to the general welfare of the children. The senior girls should benefit by the new domestic science room which was just completed at the end of this year.

Dr. Watkins has made 33 weekly visits and has taken a keen interest in the welfare of the children. A total of 1,607 minor treatments has been given.

The children on roll at the end of the year were as follows :—

Delicate ..	..	..	..	..	..	38
Physically handicapped	..	..	..	..	..	35
Others ..	..	..	..	..	..	8
						—
						81
						—

The school has attempted to foster the Parents of Spastic Children Association, there being now 10 children of this type in the school. I must again acknowledge my indebtedness to all staff, teaching, medical, nursing, welfare and transport for their valued co-operation in the work of the school."

School for the Educationally Sub-Normal—Report of Headmistress.

“ The number on roll has again averaged 65.

During the year three boys who showed a marked improvement generally have returned to secondary schools on a six months' trial basis. One boy was transferred to residential school and two more were excluded under Section 57 (3).

Of the six scholars who left aged 16 years during the summer term, only one low grade girl has failed to find employment.

Students from London University again used the school for observation purposes.

One teacher of E.S.N. children from Sweden spent the day in the school. She thought the English methods far more advanced than those used in Swedish schools.

My thanks for a good year are due to the excellent work of the teaching staff and in good measure to the medical and health visiting staffs for their support.”

(g) *Colchester Special School for Educationally Sub-Normal Children.*

Below are extracts from a report by Dr. J. D. Kershaw, Divisional School Medical Officer, North East Essex :—

“ The only special provision for educable E.S.N. children in North-East Essex is the Colchester Day Special School, Stockwell Street. While Colchester was a Part III Education Authority, the school was reasonably adequate for the town's needs, but it falls far short of what is required by the Division.

It consists of two classes, housed in two rooms of an Infants' School. With only two classes to cover all age groups and an I.Q. range from 55 to 80, it is necessary to keep the classes small if the pupils are to receive the individual attention they need and the number on roll at December 31st, 1952, namely, 35, is to all intents and purposes the practical maximum. I have for some time urged that any convenient opportunity should be taken of moving the Infants' Department which shares the building to some more convenient premises, so that the Special School can be increased to three classes and can have more space for its activities, and at the time of writing it seems likely that this change will come about in the near future.

Should this be done, it will be possible to give the education provided in the school a greater measure of flexibility and the number on roll might be increased to between fifty and sixty. We should then have accommodation for practically all the educable E.S.N. children who live within easy reach of Colchester by public transport. Unfortunately, we should be no nearer to solving the problem of children living at greater distances from Colchester, and it ought to be worth while to consider the setting up of a day special class at Clacton to provide for the twelve or fifteen suitable children whom we believe to live within easy reach of Clacton.

The great difficulty of providing for handicapped children of any type in such an area as this is that many of them live in small townships which do not contain enough to justify special local provision, but which are distant an hour or more by public transport from the principal centres, and an appreciable number live in villages with only the most exiguous 'bus services. Often the E.S.N. child, even where a 'bus service is available, requires an escort while travelling. Special transport, which might involve a journey of thirty or forty miles to bring in two or three children and a

similar journey to take them home is extremely expensive and, in some ways, unpractical. For the child from the remote village and even for children in such places as Hedingham and Harwich the choice lies between placement in a boarding special school and assimilation into an ordinary school. Boarding school places are hard to get and in many instances it is a pity to take the child away from a good and understanding home. For this reason I am extremely grateful to the head teachers and class teachers of both village primary and rural secondary modern schools who have accepted responsibility for the education of some of these E.S.N. children and have done very well by them at the cost of much effort and strain.

Rural life has its compensations in that the rural community tolerates the 'simpleton' much better than does the town. Agriculture is often able to find him a job which is congenial and within his powers, and whereas in a town he would be at the mercy of 'sharp' people who would find him an easy prey or tool, in the village he is more likely to find kindly employers or neighbours who will protect his interests. It may well be that to leave the youngster with an I.Q. between 70 and 80 at home in his own village is a kinder and more practical course than to give him something which is theoretically more ideal in the way of special education. For the child, however, in such places as Harwich and Halstead the question of special transport facilities will need to be considered.

We have also undertaken during the year a complete re-assessment of all the children on the register of the Colchester Special School, so that we may be in a position to classify them appropriately when the expected expansion of the school takes place."

(ii) SPECIAL SCHOOLS—BOARDING.

In addition to the Doucecroft Hostel, Kelvedon, which has accommodation for 15 maladjusted children, and the Nazeing Park Special School where accommodation is provided for 40 maladjusted junior boys and girls, the Special School at Ramsden Hall, Ramsden Heath, was opened in May, 1952. This boarding school accommodated in a large converted country house in extensive grounds, which are very well maintained and have particularly attractive flower gardens, has accommodation for about 50 educationally subnormal boys aged ten years and upwards and gives special education to those boys who, for various reasons, do not make good progress in the ordinary schools and appear to need boarding education. Classes are small (20 at the largest) so that individual attention can be given. Stress is laid on practical activities and there is a large and well equipped arts and handicrafts block; there are also opportunities for gardening. At the same time such skills as reading, writing and arithmetic are thoroughly taught.

As the school is residential, the boys have valuable experience in living and working with those of their own age and in preparing to stand on their own feet in after life. They are encouraged to join in games and to play a full part in the numerous activities and clubs of a good school. One aim is to train them to carry out everyday tasks, which make a boy useful in the home; they make their own beds, share in sweeping out their dormitories, keep their clothes, drawers and lockers tidy, take turns with the washing up and so on.

There are the usual holidays for Christmas (3 weeks), Easter (3 weeks) and summer (6 weeks), the school being closed at these times, but there is only a

weekend at Whitsun. Parents may visit their children during the last week-end of each month and they may have their children home for a long weekend in the middle of each term.

The medical arrangements include the services of a medical practitioner to provide treatment for the children under Part IV of the National Health Service Act. Periodic medical examinations are arranged by the Divisional School Medical Officer once a year, together with such other examinations as may be required. The Divisional School Medical Officer is also responsible for supervising the hygienic arrangements and the children's dietaries.

It is hoped in the near future to increase the accommodation at this Special School to provide for the reception of 120 pupils.

It is anticipated that the Hassobury Special School, near Bishops Stortford, which will be capable of accommodating approximately 75 educationally sub-normal girls between the ages of 10 and 16 years, will be opened during the year 1953. In addition a proposal is under consideration for the erection of a school for 120 deaf pupils, about half of whom would be boarders, at "Stubbers", North Ockendon.

The position in regard to accommodation has been somewhat relieved by the opening of the Hostel and Special Schools referred to above, but it is still necessary for the Committee to utilise other boarding special schools in various parts of the country; in particular use is made of Epping House School, near Hertford, and of the Royal Eastern Counties Institution Special Schools at Colchester, Halstead and Cambridge.

The following reports have been received in respect of the existing boarding establishments :—

Doucecroft, Kelvedon—Report of Dr. J. Vincenzi, Psychiatrist in attendance.

"One is uncertain here how far any suggestions made are practicable but the feeling of the Psychiatrist in attendance is that the Hostel should be used as a rehabilitation unit for children who have shown neurotic or anti-social behaviour and where it was felt that the home environment, or lack of it, was so unsuitable that removal from home was the only possibility.

Every effort should be made by the Psychiatric Social Worker to modify the home environment so that the child can return after a period of hostelization. In those children where good improvement is maintained, yet the home environment continues to be unfavourable, as much use as possible should be made of ordinary residential schools. In the former, Mrs. Guttsman, the P.S.W., has done good work in liaison with the Clinic P.S.W's and in visiting the homes of the children for whom discharge is meditated.

It has been agreed that psychotherapy should be given at the Chelmsford Clinic, but this, in fact, was not considered necessary during 1952.

The statistical analysis of cases seen is given below :—

The hostel is for 10 boys and 5 girls.

Total admissions :	Boys	..	..	..	11
	Girls	..	..	..	7
Number of discharges	..	..	..	..	6

Range of I.Q.'s. Between 82 and 111. (Most children had an I.Q. under 100.)

Range of ages. $7\frac{1}{2}$ to 14 years 3 months. (Most children over 10 years).

Problems on admission.

Aggressive, anti-social behaviour—mainly confined to home or school	..	..	..	10
As above, but also in conflict with the law	..	..	..	5
Depressive reactions	..	..	..	1
Compulsive behaviour	..	..	..	1
Wandering	..	..	..	1

Thirty-four interviews of children by the Psychiatrist, the rest of the time was given to discussing individual cases and methods of treatment with the Warden.

The Psychiatrist has made 11 visits in all to the Hostel.

Status of those discharged—

Improved	3 or 50%
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Disposal—

Reached the age of 15	2
(one has gone home; the other took up residential post in a hospital)				
Discharged conditionally—to mother	..	..	..	1
Discharged to old foster home	..	..	..	1
Transferred to Nazeing Park	..	..	..	1
Returned home at parent's request	..	..	..	1

Background of the children—

Broken homes (where parents are separated or where one parent has died)	..	..	..	6
Parents received psychiatric treatment in the past	..	..	..	4
Adopted children	..	..	..	2
(both adopted at the age of 3)				
Parents who were in approved schools in the past	..	..	..	2
Number of children who had been placed in foster homes or institutions before admission to Doucecroft	..	..	..	7
Number of children in the care of the Children's Department at present	..	..	..	2
Number of children in the care of the Children's Department in the past	..	..	..	1

The Hostel was opened on the 1st November, 1951, and most of the children were admitted within the first month. The Child Guidance team began visiting there in April, 1952.

The P.S.W. has visited 10 times (plus one visit to Walton-on-the-Naze in August, 1952).

Number of Home Visits by P.S.W.	..	..	..	41
(4 of them were follow-up visits after the child was discharged)				

Number of interviews with parents by P.S.W. at Ilford Child Guidance Clinic	9
(1 of them a follow-up interview)	
Number of interviews with other social agencies or P.S.W.'s on behalf of the children	13
(10 of them in the premises of the social agencies)	
Number of children recommended for treatment ..	8
(2 of these urgent)	

All children except one were seen more than once by the Psychiatrist.

In two cases the local P.S.W. decided to keep in touch with the family. In one of these the P.S.W. handed the case over in the end."

Report of Psychologist to the Education Committee—

"The Psychologist to the Education Committee has acted as the third member of the Child Guidance team functioning in connection with the Hostel. Her work has consisted in discussing new entrants to the Hostel with the Heads of the Schools they are to attend and in smoothing out any difficulties which arise in connection with the children's school life. As children reach school leaving age a re-assessment is made of their intelligence, abilities and attainments with a view to helping them in the best choice of employment. Children have also been re-examined from time to time at the request of the Psychiatrist, where it is suspected that the original assessment of the child's powers was unreliable because of his or her emotional disturbance at the time of the examination or where there is a suspicion of deterioration. It is not possible, with the limited number tested to date, to make any pronouncement about the accuracy of the original assessment, but figures seem to indicate that after twelve months at the Hostel, what change there is in the child's results falls within the normal limits of error. The trend, if any, would appear to be slightly in the upward direction. Systematic re-assessment of this kind will be continued."

Nazeing Park—Report of Dr. Helen Gillespie, Psychiatrist in attendance.

"The School was opened for maladjusted children in February, 1952, with 19 pupils, under the headmastership of Mr. E. Sheward. The school now numbers 32 children of both sexes, the ages ranging from seven to 12 years.

I was asked to visit the school regularly at three weekly intervals, and have been doing so throughout the year. In this way it has been possible for me to study each child's case history and to interview each child soon after admission. All these children present psychiatric problems in addition to the educational problems which so often accompany these conditions. Among these symptoms are depression, anxiety, emotional withdrawal, violent and aggressive behaviour and early delinquency. Faecal and urinary incontinence are frequent additional complications.

Some of these children may be expected to respond to the change of environment provided by the school and the special educational facilities there, but there are a number who require more intensive individual psychiatric attention, and the problem arises of provision of treatment for these cases. So far I have only been able to give regular supervision to seven children. In the time at my disposal more than this is not possible, as a considerable part of my time is taken up at each visit in discussing in a general way the problems of handling of the other children, such as arise in the day to day running of the school. These children should, in my opinion, attend a Child Guidance Clinic to obtain their treatment. Un-

fortunately, the Walthamstow Clinic is very difficult of access from the school, whereas the nearby Hoddesdon Clinic is under a different Local Authority.

It has to be remembered that a school of this type is not intended to provide permanent placement for the child, the aim being to return him to his home as soon as circumstances allow. It is, therefore, vital that contact should be kept with the home, and an effort should be made to modify it where this seems called for in the interests of the child. This is a task for the Psychiatric Social Worker, but in view of the wide area from which the children are drawn, it is not, in my opinion, practicable for such work to be done from the school. I think that it is best done by the Psychiatric Social Workers from the clinics which originally referred the children to the school. This has the added advantage that these Psychiatric Social Workers already know the families involved, and have in most cases been able to establish a therapeutic contact with them. Moreover, when necessary, they will be better able to follow up the further development of these children after their return home."

Ramsden Hall, Ramsden Heath—Report of Divisional School Medical Officer—Dr. J. Mervyn Thomas.

"One visit only was paid to this School during 1952 for the purpose of routine medical examinations, as it was not opened until 13th May, 1952. Twenty children were examined at this visit and the following defects were noted for observation and/or treatment :—

External defect of the eye	..	..	..	1
Cervical glands ..	..	..	..	2
Ear, nose and throat	..	..	..	5
Speech ..	..	..	..	1
Flat feet ..	..	..	..	1

The school was visited at other times to discuss administration and give advice in special cases."

(iii) STATISTICAL INFORMATION.

Statistical information regarding handicapped pupils is set out in the table on page 58.

13. Recuperative Holiday Homes.

The Invalid Children's Aid Association has continued to assist in regard to the placement of children in recuperative convalescent homes and to a small extent in respect to the admission of delicate children to residential special schools.

Since 1946 the Committee have made an annual grant of £200 to the Association to assist them in the social work undertaken in Barking, Dagenham, Ilford, Romford, Leyton and Walthamstow. During the year the Association found it necessary, as a measure of economy, to curtail their work in Barking, Dagenham, Ilford and Romford, and to increase the placement fee from 13/- to 23/- for each child placed and the escort fee from 7/- to 10/- for each child escorted.

The Committee, in considering this matter, agreed to the increase in the placement and escort fees, the grant of £200 being reduced to £100, and decided that consideration be given to the possibility of devising ways and means of themselves carrying out the work undertaken by the Association. At the end of the year this matter was still under consideration.

Independently of the assistance provided by this Association, arrangements are also made for children recommended for a short stay recuperative holiday for periods up to six weeks to be admitted to holiday homes and for any children requiring longer periods arrangements are made for their admission to a residential open air school.

14. School Camps.

Because of the poor attendance at the Kennylands Park Camp School, it has been agreed in principle that the Camp should be reorganised as a Secondary Boarding School for boys and girls, subject to the approval of the Ministry of Education. In the meantime "one term" admissions will be arranged up to the limit of the existing accommodation.

Towards the end of the year there was an outbreak of sore throats at this school and the necessary precautions were taken, including the swabbing of the staff and children concerned.

The Camp School at Elmbridge has continued to function for children who will attend for the whole of their secondary school life.

SUMMARY OF HANDICAPPED PUPILS

Category	Newly placed in special schools or homes	Newly ascertained or requiring education at special schools or boarding in homes	Number attending special schools		Number boarded in homes	Attending assisted schools	Number remaining unplaced
			Day pupils	Boarding pupils			
Blind	9	8	—	48	—	—	7
Partially sighted ..	8	7	21	27	—	—	9
Deaf	17	18	42	67	—	13	13
Partially deaf ..	11	12	34	20	—	4	15
Delicate	373	361	281	146	—	2	55
Physically handicapped ..	87	96	177	45	—	3	61
Educationally sub-normal	209	289	498	167	—	18	340
Maladjusted	72	61	5	55	21	112	28
Epileptic	12	13	2	26	—	—	7
Diabetic	3	2	—	—	5	—	1
Speech defect ..	1	2	—	4	—	—	3
	802	869	1,060	605	26	152	539

15. Nursery Schools.

The following reports relating to the Nursery Schools in the Walthamstow and Mid-Essex Divisions have been provided by the respective Divisional School Medical Officers :—

(i) *Nursery School, Walthamstow*—Report of Headmistress.

“ Attendance at the Nursery School during the past year has been very good, apart from a small outbreak of mumps in the early part of the year.

I am glad to say that pressure on the accommodation is not as bad as it was and the waiting list is not so long.

Recently I have admitted three children on request from the Health Services and their progress has been most satisfactory.”

(ii) *Nursery Schools, Mid-Essex—Corporation Road and New London Road, Chelmsford.*

“ *Medical Inspection.* Regular medical inspections have been carried out each month. Entrants are examined as a routine. Each pupil is examined at least once in the course of the term. Any case requiring special attention is seen at every inspection and some cases calling for further immediate examination are seen by appointment at the Coval Lane Clinic as soon as possible, i.e. either a day or two after the inspection.

Upper respiratory tract infection is still the commonest morbid condition met with in London Road Nursery. This is not the commonest at Corporation Road, where the incidence of upper respiratory tract infections has diminished during the past year. The incidence of speech and orthopaedic defects appears to have increased in Corporation Road Nursery. There was a very mild outbreak of gastro-enteritis in London Road Nursery School affecting the teaching staff and pupils. All rectal swabs proved negative.

During the year 1952, it has not been possible for the same Medical Officer to carry out the work at these schools owing to resignations and absences through illness, and the Medical Officer at present conducting these examinations has only been doing so since October.

Special Clinics. When necessary, patients have been referred to the Eye Clinic, also for Dental treatment and for Speech Therapy.

General Health. The general health of the children is good; there has been no major epidemic to cause the closing of the schools.

Immunisation. Sessions were held for diphtheria and/or pertussis, as required. Propaganda is carried out by the Superintendents and the Health Visitors.

Nutrients. The provision of these dietary supplements has been maintained as and when required.”

16. Health Education in Schools.

As in previous years courses of lectures to girls just before leaving school on mothercraft and home nursing have been conducted by members of the staff. In particular the School Nurse takes every available opportunity of giving advice

on health matters when visiting schools. The holding of health exhibitions plays a major part in stimulating the interest of not only the older school children but also the parents.

The following reports have been received from Divisional School Medical Officers showing the extent of Health Education work undertaken :—

Barking.

“ During 1952 five talks were given by Sanitary Inspectors to school children on sanitation.”

Dagenham.

“ During the year under review, films have been shown to parents on the importance of Health Education, and the care of children, i.e. the care of children’s teeth, children’s sleep, and the provision of meals for school children.

Talks have been given to the school canteen staffs on the importance of personal hygiene, etc., and the need for illness or infection to be reported immediately. Posters on this topic generally are displayed in canteens.”

Mid-Essex.

“ In Mid-Essex health education by Health Visitors in schools and also to school children outside school hours, i.e. to youth groups, continues to develop. Mention should also be made of those Parent/Teacher Associations which meet on school premises, at which Health Visitors have either lectured or taken part in the Quiz Sessions or Brains Trusts.

Details of the types of audiences and subjects are given below. Particular mention should be made of two sessions in two schools in which the Health Visitor takes regular classes during term-time at weekly intervals. These are at the Maldon Secondary Girls’ School—Mothercraft Classes, and the Mid-Essex Technical College—health syllabus of the Nursery Nurses Examination Board. In the latter case the Health Visitor has been commended by H.M. Inspector and the Ministry of Health Inspector on the way in which the three hours weekly sessions are conducted and the results. Incidentally, this Health Visitor has been seconded to the N.E. Essex Technical College for similar weekly teaching for a temporary period since Christmas.

The lectures given during the year can be classified briefly as follows :—

Types of Audience		Subject
British Red Cross Cadets	..	Home Nursing
		Child Care
Secondary School Girls	..	Mothercraft
Girl Guides	..	Sick Nurse Badge
Parent Teacher Associations	..	Food
		Nutrition
		Care of feet for young children
		Health Services
		Health
Technical College Girls	..	Duties of a Health Visitor
		Nursery Nurses’ Examination
Mothers and School Girl		
Leavers	..	Feet
		Flies
		Diphtheria Immunisation.”

17. Physical Education in Schools.

The following report by the Senior Woman, and Senior Man Organisers of Physical Education, has been provided by the Chief Education Officer :—

“ It is with deep regret that we report the sudden death of one of the Physical Education Organisers, Mr. W. Keegan, at the beginning of the year. The vacancy created by his death has not been filled, and his work in the Leytonstone area will now be carried on by Mr. L. E. Last.

Mr. H. P. Crabtree, Senior Man Organiser of Physical Education, was appointed Coaching Adviser for Youth to the M.C.C. Youth Cricket Association, and the Education Committee granted him four weeks' leave of absence during the year in order that he might carry out his duties.

The building programme in Essex has forged ahead, and many new schools opened in which the facilities are excellent in every way. The secondary schools have large and fully equipped gymnasias, shower baths, kit stores, etc., and the primary schools have halls equipped with Essex agility apparatus. A factor which prevents the maximum results being obtained from the excellent facilities in these schools, is the extreme shortage of teachers with specialist qualifications, especially on the women's side. There is every hope that this condition will improve in 1953.

The Organisers of Physical Education are producing three reference books—“ Physical Activities in Secondary Schools ”. During this year part one—“ Games, Athletics, Swimming and Dancing ”—was published and issued to all secondary schools. The book was written specifically for Essex teachers, and was well received, but there has also been a gratifying interest from outside the County ; the London County Council having placed it on their annotated list of books for use of teachers in their schools.

Essex had the honour of being represented in the Olympic Games in the summer by Anne Long (Diving) and Peter Head (Swimming), both of whom were attending school. The County also represented the Eastern Division at the National Schools Swimming Gala held at Bristol, in all but four events.

The County and District Meetings and Rallies in Athletics, Rounders, Swimming, and Netball, were held, and it is gratifying to report that the standard of performance appears to be higher with each succeeding year. The Essex Schools' Cricket and Football Association XI's and the Rugby XV continued their successes. Inter County matches were arranged and the Schools National Boxing Championships had, as usual, representatives from Essex.

All these activities on District, County, and National scale show that physical education in Essex schools is proceeding on sound and healthy lines, and these results of the few only go to show the work that is done by the many.”

18. School Meals Service.

The Chief Education Officer has provided the following report :—

“ The proportion of children who took dinners at school remained in 1952 very much what it had been in 1950 and 1951, viz. : about 55 per cent.

The numbers of schools or departments served has now risen, thanks to dining arrangements at new schools, to 834. As before, every school and department in the County, except two small schools, has received school meals. At one of the exceptions it is expected a start will soon be made on the erection of a scullery, so that meals can be served there.

The Ministry have continued the general ban on building to provide school meals facilities at existing schools, which has been in force since 1949, though very occasionally relaxed in cases of extreme difficulty. The policy of carrying out minor improvements costing less than £1,000, has continued, and sculleries, sanitary facilities and so on have been improved in a few cases.

The Committee have continued to emphasise the importance of maintaining and so far as possible improving the quality and nutritional value of the school meal, and the Committee's Organisers have paid special attention to this.

The Committee gave careful consideration to the Ministry of Education's Circular 250, which was published during the summer and made various suggestions towards reducing the overhead costs of the meals service, but it was concluded that almost all practicable economies were already in force and that further economies could not be enforced without prejudicing the efficiency of the service.

Statistics relating to the provision of meals and milk at Primary and Secondary Schools are set out below :—

<i>Month in which a day was selected for return.</i>	<i>No. of Pupils present</i>	<i>No. having Dinner</i>	<i>Per cent. of Pupils present having Dinner</i>	<i>No. having Milk.</i>	<i>Per cent. of Pupils present having Milk</i>
October, 1947 ..	169,566	106,372	62.1	153,751	90.7
October, 1949 ..	188,321	120,861	64.2	164,862	87.5
October, 1950 ..	193,706	109,097	56.3	165,713	85.5
February, 1951 ..	178,547	105,960	59.3	143,894	80.6
May, 1951	192,488	106,580	55.4	161,161	83.7
October, 1951 ..	201,129	112,690	56.0	170,658	84.9
February, 1952 ..	195,424	109,139	55.8	162,118	83.0
June, 1952	205,073	110,766	54.0	175,245	85.4
October, 1952 ..	213,111	119,068	55.9	178,604	83.8

19. National Survey of the Health and Development of Children.

School Medical Officers and School Nurses have co-operated in an Inquiry being conducted by a Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and the Population Investigation Committee, the purpose of which is to follow the health, growth and development of 6,000 children, drawn from all social classes and from all parts of Great Britain, born in one week in March, 1946, with a view to—

- (a) collecting information on a national scale on accidents, illnesses, growth and development ;
- (b) showing in what ways the health and growth of young children are affected by the environment in which they live ;
- (c) tracing the history of a large group of prematurely born children who have been individually matched with children born at term ;
- (d) observing the achievement of children against the background of their ability, health and opportunities.

In order that a complete health record of every child may be maintained, the School Nurse visits the home and school of these children at the beginning of each term to enquire about ailments during the last school holiday and to record the nature of illnesses which necessitated absence from school, during the previous term. School Medical Officers examine each child at the age of six years and will carry out further examinations at the age of 7, 9 and 11 years.

APPENDIX.

Report of Senior County Dental Officer.

In accordance with the requirements of the Education Act, 1944, I have the honour to present my annual report as your Chief Dental Officer on the dental care of children of school age.

The attractions of the more remunerative branches of dentistry in the Health Services have been regularly reviewed in the National Press but it would appear that these attractions are not proving quite so magnetic, possibly due to the negotiated salary scale but more probably due to the regulations enacted by the Minister of Health in accordance with Budget requirements.

At the close of the year 1951, in an approved establishment of 82 full-time dental officers, the actual staff was made up of 21 full-time dental officers and 22 sessional dental officers with 30 whole-time and part-time dental attendants and two whole-time oral hygienists.

At the close of the year under review there were 30 whole-time dental officers, and sessional dental officers numbered 29 giving sessions to the equivalent of 6 7/11ths whole-time dental officers—a grand total of 36 7/11ths full-time dental officers and in addition the ancillary staff enumerated in the preceding paragraph.

These additions to the staff are naturally very welcome indeed but I for one cannot accept the change as an indication that staffing difficulties are resolved and recruitment will steadily continue. Nor am I a pessimist, but, as a student of dental affairs, I am convinced that the salary scale will cease to be regarded as satisfactory. Indeed, it never has been regarded as satisfactory and has mostly acted as a method of staying desertion from the ranks of the Service. In a few instances it has attracted a limited few of the younger dentists during the panic period produced by the demand for payment for dentures and the first pound sterling of treatment but it has not yet been determined to what extent this will operate on the attendance of patients at the dentists practising in the General Dental Service. Similarly, these same facts may produce a slight increase in the number of general dental practitioners who are prepared to devote sessions to local authority dental services but the number will remain very limited until a satisfactory sessional scale of remuneration is negotiated.

In consequence I think it is right that I should be cautious and remind you not to expect great improvements in staffing as the general dental service is still a live competitor for the services of dentists.

There has been a steady improvement in the type and number of premises and equipment throughout the year which makes for efficiency among the staff and as dental officers, as in other walks of life, are prone to talk among themselves we find that the reputation of Essex in this item is on the up-grade.

I spoke last year about the Bill before Parliament proposing to introduce assistance in clinics on the lines of the New Zealand dental nurses. I also said I was very interested and could see them as a possible valuable assistance, provided, of course, certain safeguards were included in the Bill. Due to the heavy programme of work before Her Majesty's Government the Bill has not been proceeded with but perhaps it will be re-introduced later and, I trust, suitably edited to make it acceptable to the profession and ensure that the dental service to children which is the foundation of dental fitness is afforded all the help possible in these difficult times.

Following the habit of previous years, the figures and statistics of the returns of work performed throughout the year should be examined to demonstrate the progress, if any, and to demonstrate the value of the work performed by the dental staff in fillings and extractions. During the year some 74,134 children of school age were inspected of whom 29,240 were specials or casuals seeking treatment for obvious defects, which were mostly causing pain.

The total is 23,075 more than the year before and is a very pleasing increase made possible by the improved staffing position, but there is little room for complacency when it is realised that the total figure amounts to only 32 per cent. of the school population of the County.

Likewise a greater number was found to need treatment and a greater number was referred, resulting in 1,866 more being treated. This appears, and probably is, a very small number viewed as such without knowledge of its meaning. Some understanding can, however, be arrived at when we note 22,260 more attendances were made throughout the year for treatment. This then demonstrates the great amount of work necessary to bring each mouth to a healthy condition and, what is more, it demonstrates that delay and inability to give regular inspection and treatment is increasing the amount of caries per patient. It will also be noted that last year approximately 96 per cent. of the patients referred for treatment actually received treatment but in the year under consideration it has only been possible to treat approximately 86 per cent. of those referred.

During the year 14,316 more fillings were inserted and the increase in the number of actual teeth filled is 12,890. I find that 33,742 permanent teeth were filled equal to four fillings in permanent teeth for every permanent tooth extracted—a very creditable result. On the other hand, however, the extraction of temporary teeth to fillings in temporary teeth is still high at the ratio of 3-1. Other operations continue to be high in number, 9,860 more in fact. This, however, is a natural increase and is explained to a great extent by the visits required for orthodontic work. My efforts to impress upon Members the importance of this work must appear each year like a hardy annual. I have myself done quite a considerable amount during the year but to organise this in a proper manner tends to be delayed until a suitable salary scale for dental officers undertaking this specialised work full-time and part-time is negotiated and indeed it might also be a matter to determine what is a specialist and indeed if it is the duty of the Local Authority Service to provide such specialists.

Much of this orthodontic work requires appliances to be constructed in the Council's prosthetic laboratories and by mechanics to the profession. I have been pursuing a policy of trying to confine this to the former and I am of the opinion that as the work increases it might be opportune to give thought to opening another prosthetic laboratory in a more central part of the County. I feel I must record the high appreciation expressed by the staff of the excellence of the appliances which have been constructed in the Council's laboratories at Barking and Walthamstow.

As in previous years arrangements were made to regularly inspect the teeth of maladjusted and educationally sub-normal children in hostels and special schools throughout the County.

I regret the brevity of this report but that is due to the fact that I was absent from duty during a good part of the year.

Minor Ailment Clinics.

NORTH-EAST ESSEX DIVISION.

School Clinic, Trinity Street, Colchester	..	Mondays to Fridays p.m.	
Essex County Health Services Clinic, 38, Main Road, Harwich	.. ..	Tuesdays and Fridays a.m.	
Essex County Health Services Clinic, 15, Head Street, Halstead	.. ..	Wednesdays a.m.	
Sible Hedingham Secondary School, Sible Hedingham	.. ..	Thursdays a.m. (during school term)	
Essex County Health Services Clinic, Skelmersdale Road, Clacton-on-Sea	.. ..	Mondays p.m.	
New Church Schoolroom, Brightlingsea	..	Wednesdays p.m.	} In conjunction with C.W.C's.
Great Bentley School, Great Bentley	..	4th Tuesday p.m.	

MID-ESSEX DIVISION.

Essex County Health Services Clinic, Coggeshall Road, Braintree	.. ..	Every Tuesday 10.0 a.m.	
Essex County Health Services Clinic, Crouch Road, Burnham-on-Crouch	.. ..	2nd Monday 10.0 a.m.	
Essex County Health Services Clinic, Coval Lane, Chelmsford	.. ..	2nd, 4th and 5th Friday 10.0 a.m.	
Kelvedon Minor Ailment Clinic (incorporated in the Kelvedon C.W.C.)	.. ..	2nd and 4th Friday 2.0 p.m.	
Essex County Health Services Clinic, Wantz Chase, Maldon	.. ..	1st, 3rd and 5th Friday 10.0 a.m.	

Congregational Church Hall, Ongar (incorporated in the Ongar C.W.C.)	2nd and 4th Thursday 2.0 p.m.
Essex County Health Services Clinic, 69, High Street, Saffron Walden	Every Friday 10.0 a.m.
Central Hall, Stansted	1st and 3rd Wednesday, 2.15 p.m.
Essex County Health Services Clinic, Guithavon Street, Witham	1st and 3rd Monday 9.30 a.m.

SOUTH-EAST ESSEX DIVISION.

Village Hall, Great Wakering	Wednesdays a.m.
Essex County Health Services Clinic, Rocheway, Rochford	Wednesdays a.m.
Essex County Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays a.m.
Essex County Health Services Clinic, Kenneth Road, Thundersley	Tuesdays a.m.
Essex County Health Services Clinic, Neven-don Road, Wickford	Thursdays a.m.
Essex County Health Services Clinic, High Road, Pitsea	Mondays a.m.
Essex County Health Services Clinic, Florence Road, Laindon	Wednesdays a.m.
Essex County Health Services Clinic, Laindon Road, Billericay	Fridays a.m.
Essex County Health Services Clinic, Furtherwick Road, Canvey Island	Fridays a.m.
Essex County Health Services Clinic, High Road, South Benfleet	Mondays a.m.
Essex County Health Services Clinic, Timberlog Lane, Vange	Mondays a.m.
Essex County Health Services Clinic, London Road, Hadleigh	Fridays a.m.

SOUTH ESSEX DIVISION.

Essex County Health Services Clinic, 39, Queen's Road, Brentwood	Wednesdays a.m.
Essex County Health Services Clinic, Westland Avenue, Hornchurch	Tuesdays and Thursdays a.m.
Essex County Health Services Clinic, Abbs Cross Lane, Hornchurch	Thursdays a.m.
Kim's Hall, Vicarage Road, Hornchurch ..	Fridays a.m.
Essex County Health Services Clinic, 61, Athelstan Road, Harold Wood	Fridays a.m.
Essex County Health Services Clinic, Upminster Road, Rainham	Mondays and Thursdays a.m.

Essex County Health Services Clinic, Windmill Hall, Upminster	Wednesdays p.m.
Essex County Health Services Clinic, Glasson House, High Street, Grays	Mondays and Wednesdays a.m.
Essex County Health Services Clinic, Old Manor Road, Tilbury	Tuesdays and Fridays a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope	Mondays and Thursdays a.m.
Congregational Hall, North Road, South Ockendon, near Grays	Mondays a.m.
Essex County Health Services Clinic, Stifford Long Lane, Grays	Mondays and Thursdays a.m.
Aveley Belhus Park, J.M. School, Stifford Road, Aveley	Wednesdays a.m.
Essex County Health Services Clinic, Chadwell St. Mary	Tuesdays a.m.
28/30, Annalee Road, L.C.C. Estate, South Ockendon, Romford	Fridays a.m.
Essex County Health Services Clinic, South End Road, Rainham	Thursdays a.m.

FOREST DIVISION

Essex County Health Services Clinic, Manford Way, Chigwell	Every Thursday a.m.
Essex County Health Services Clinic, Hatch Lane, Chingford	1st, 2nd and 4th Monday p.m.
Essex County Health Services Clinic, Marmion Avenue, Chingford	Every Monday a.m.
Essex County Health Services Clinic, 15, Regent Road, Epping	Every Thursday 1.30–2.30 p.m.
Essex County Health Services Clinic, 120/121, The Chantry, Mark Hall, Harlow	2nd and 4th Friday a.m.
Essex County Health Services Clinic, Loughton Hall, Rectory Lane, Loughton	Every Thursday a.m.
Essex County Health Services Clinic, The Cedars, Sewardstone Road, Waltham Abbey	1st and 3rd Monday a.m.
Essex County Health Services Clinic, 93, High Road, South Woodford	Every Friday a.m.

ROMFORD.

Essex County Health Services Clinic, Hulse Avenue, Collier Row	Mondays a.m.
Havering Road School	Thursdays a.m.
Straight Road School	Tuesdays a.m.
Essex County Health Services Clinic, Marks Road	Saturdays a.m.

BARKING.

Essex County Health Services Clinic, Vicarage Drive, Ripple Road, Barking	Each morning
Essex County Health Services Clinic, Porters Avenue, Dagenham	Each morning
Essex County Health Services Clinic, Woodward Road, Dagenham	Each morning
Essex County Health Services Clinic, Upney Lane, Barking	Each morning

DAGENHAM.

Five Elms School	Mondays p.m. and Fridays a.m.
Essex County Health Services Clinic, Becontree Avenue	Mondays a.m. and Thursdays p.m.
Fanshawe School	Mondays a.m.
Heathway Special School	Wednesdays a.m.
Hunters Hall School	Tuesdays 10 a.m.
Essex County Health Services Clinic, Ballards Road	Tuesdays p.m.
Essex County Health Services Clinic, Ashton Gardens, Chadwell Heath	Tuesdays a.m.
Essex County Health Services Clinic, Ford Road	Wednesdays and Fridays p.m.
Kings Wood School, Harbourn Road, Hainault	Tuesdays a.m.

ILFORD.

Newbury Hall, Perryman's Farm Road, Newbury Park	Tuesdays and Fridays a.m.
Essex County Health Services Clinic, Goodmayes Lane, Goodmayes	Wednesdays and Fridays a.m.

LEYTON.

Essex County Health Services Clinic, Granleigh Road, Leytonstone, E.11	Daily a.m., including Saturdays
Essex County Health Services Clinic, Leyton Green Road, Leyton	Daily a.m., including Saturdays
Essex County Health Services Clinic, Dawlish Road, Leyton	Daily a.m., including Saturdays

WALTHAMSTOW.

Town Hall	Mondays, Wednesdays, Fridays and Saturdays a.m.
Sidney Burnell School, Handsworth Avenue, Highams Park	Tuesdays and Fridays a.m.
Essex County Health Services Clinic, Low Hall Lane, Markhouse Road	Mondays and Thursdays a.m.

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER, 1952.

Table I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

(1) No. of Inspections :—

Entrants	28,930
Second Age Group	20,549
Third Age Group	15,869
Total	65,348

(2) No. of other Periodic Inspections	5,527
Grand Total	70,875

B.—Other Inspections.

No. of Special Inspections	39,167
No. of Re-inspections	47,729
Total	86,896

C.—Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual Pupils. (4)
Entrants	439	4,736	5,089
Second Age Group	1,040	2,934	3,810
Third Age Group	763	1,655	2,312
Total (prescribed groups)	2,242	9,325	11,211
Other Periodic Inspections	245	779	951
Grand Total	2,487	10,104	12,162

Table II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1952

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under obser- vation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under obser- vation, but not requiring treatment (5)
4	Skin	959	642	2,845	178
5	Eyes—				
	(a) Vision	2,487	1,403	1,171	292
	(b) Squint	490	348	134	38
	(c) Other	335	306	1,262	126
6	Ears—				
	(a) Hearing	205	391	270	152
	(b) Otitis Media ..	176	404	257	67
	(c) Other	214	222	595	19
7	Nose or Throat ..	2,014	3,795	1,575	631
8	Speech	281	380	310	89
9	Cervical Glands ..	188	1,497	152	115
10	Heart and Circulation	180	786	92	76
11	Lungs	468	1,239	321	190
12	Developmental—				
	(a) Hernia	125	231	8	6
	(b) Other	281	617	195	61
13	Orthopædic—				
	(a) Posture	858	597	104	47
	(b) Flat Foot ..	1,491	840	275	73
	(c) Other	1,252	1,443	879	205
14	Nervous System—				
	(a) Epilepsy	22	53	32	19
	(b) Other	86	219	182	99
15	Psychological—				
	(a) Development ..	118	261	120	65
	(b) Stability	193	512	161	115
16	Other	1,384	915	8,247	1,545

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS**

<i>Age Groups</i> (1)	<i>Number of Pupils Inspected</i> (2)	<i>A</i> (<i>Good</i>)		<i>B</i> (<i>Fair</i>)		<i>C</i> (<i>Poor</i>)	
		<i>No.</i> (3)	<i>% of Col. (2) (4)</i>	<i>No.</i> (5)	<i>% of Col. (2) (6)</i>	<i>No.</i> (7)	<i>% of Col. (2) (8)</i>
Entrants	28,930	14,875	51.4	13,519	46.7	536	1.9
Second Age Group ..	20,549	10,671	51.9	9,619	46.8	259	1.3
Third Age Group ..	15,869	8,023	50.6	7,678	48.4	168	1.1
Other Periodic Inspections	5,527	3,588	64.9	1,910	34.6	29	0.5
Total	70,875	37,157	52.4	32,726	46.2	992	1.4

Table III

INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by School Nurses or other authorised persons	540,639
(2) Total number of individual pupils found to be infested ..	3,622
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	148
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	34

Table IV

TREATMENT TABLES.

Group I.—Diseases of the Skin (excluding Uncleanliness, for which see Table III).

					Number of cases treated or under treatment during the year	
					By the Authority	Otherwise
Skin—						
Ringworm—						
(i) Scalp .. ..	..	..	..	..	10	3
(ii) Body .. ..	..	..	..	..	26	—
Scabies .. ..	..	..	..	..	33	4
Impetigo .. ..	..	..	..	..	334	1
Other skin diseases ..	..	..	..	..	5,042	212
Total					5,445	220

Group 2.—Eye Diseases, Defective Vision and Squint.

						Number of cases dealt with	
						By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint						2,111	464
Errors of refraction (including squint)						44*	10,444
Total						2,155	10,908

Number of pupils for whom spectacles were—

(a) Prescribed	46*	9,724
(b) Obtained	21*	9,247
Total	67	18,971

*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group 3.—Diseases and Defects of Ear, Nose and Throat.

Received operative treatment—

(a) For diseases of the ear	—	62
(b) For adenoids and chronic tonsillitis	—	1,794
(c) For other nose and throat conditions	—	78
Received other forms of treatment	2,684	539
Total	2,684	2,473

Group 4.—Orthopædic and Postural Defects.

(a) Number treated as in-patients in hospitals	102	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g. in clinics or out-patient departments	—	7,261

Group 5.—Child Guidance Treatment.

			Number of cases treated.	
			In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics			1,132	20

Group 6.—Speech Therapy.

			Number of cases treated.	
			By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists			1,912	2

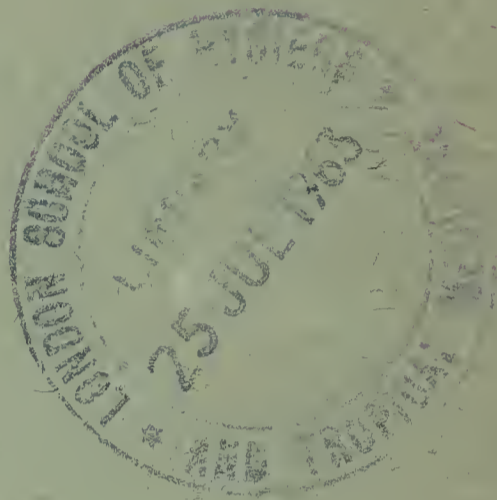
Group 7.—Other Treatment Given.

						Number of cases treated.	
						By the Authority.	Otherwise.
(a)	Miscellaneous Minor Ailments	..	..	..	..	19,532	1,756
(b)	Other—						
	Heart and Rheumatism cases	..	..	..	..	—	238
	Pædiatric cases	..	..	..	..	—	162
	Enuresis	..	..	..	..	137	—
	Total	..	..	..	..	19,669	2,156

Table V

DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers—						
(a)	Periodic	..	..	..	..	..	44,894
(b)	Specials	..	..	..	..	..	29,240
(c)	Total	..	..	..	..	..	74,134
(2)	Number found to require treatment						54,843
(3)	Number referred for treatment						48,157
(4)	Number actually treated						41,883
(5)	Attendances made by pupils for treatment						100,406
(6)	Half-days devoted to—						
(a)	Inspection	..	..	..	..	..	995
(b)	Treatment	..	..	..	..	..	12,934
	Total (a) and (b)	..	..	..	..	..	13,929
(7)	Fillings—						
	Permanent teeth	..	..	..	..	..	37,021
	Temporary teeth	..	..	..	..	..	14,435
	Total	..	..	..	..	..	51,456
(8)	Number of teeth filled—						
	Permanent teeth	..	..	..	..	..	33,742
	Temporary teeth	..	..	..	..	..	13,746
	Total	..	..	..	..	..	47,488
(9)	Extractions—						
	Permanent teeth	..	..	..	..	..	8,280
	Temporary teeth	..	..	..	..	..	48,173
	Total	..	..	..	..	..	56,453
(10)	Administration of general anæsthetics for extraction						23,631
(11)	Other operations—						
(a)	Permanent teeth	32,348
(b)	Temporary teeth	14,585
	Total (a) and (b)	46,933



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